Regional Health Authority Community Program Profile

Prepared by
Community Care Branch
Saskatchewan Health
October 2006

Table of Contents

Program Profile

Introduction 3
Indicators of Quality Health Care 4
Mental Health 5-51
Alcohol and Drug Services 52-75
Problem Gambling 76-79
Acquired Brain Injury Program 80-90
Home Care 91-101
Long Term Care 102-110
RAI MDS 111-118
Personal Care Home 119-121

Program Profile

Introduction

The *2005-2006 Program Profile* examines selected community health services in Saskatchewan and offers a snapshot of the programs and services delivered by health regions, including service utilization data for these programs and services. The *Profile* is intended as a means for ongoing quality improvement.

The goals of the *Profile* are listed in the table below. The process involved the development of a questionnaire that was sent to Directors of Mental Health and Addictions Services in the health regions and a review of statistical data available from Saskatchewan Health. Information obtained from health region personnel pertains to 2005-2006, while some utilization data pertains to 2004-2005 unless otherwise stated.

Goals of the Program Profile		
To collect information on programs and services that can be used in planning by health regions, Saskatchewan Health and other interested groups and agencies.	**To highlight positive actions and solutions in one region that might be tried in another region.**	**To act as a catalyst in bringing forward the issues and concerns that affect the delivery of services in Saskatchewan.**

Program Reviews have been conducted regularly since the transfer of services in 1995 to health regions.

While the administration and delivery of health services is now a health region responsibility, Saskatchewan Health still retains a key role through provision of funding, consultation and policy direction and monitoring. Saskatchewan Health, Community Care Branch is active in supporting and advocating for the provision of services through regional programs.

Indicators of Quality Health Care

This year the Program Profile continues with a format that includes an effort to identify and describe various indicators of quality health care. System performance measurement in health care has become an increasing focus over the past several years. The Health Quality Council, formerly the Health Services Utilization and Research Commission, in their August 2000 Issues and Directions Paper, put forward that "Performance indicators represent the current generation of efforts to measure and improve the performance of the health system" (HSURC, 2000). The Canadian Institute for Health Information (CIHI) has developed a Health Indicators Framework that includes eight dimensions of health system performance. These eight dimensions are listed in the table below.

Health System Performance			
Acceptability	**Accessibility**	**Appropriateness**	**Competence**
Care/service provided meets expectations of client, community, providers and paying organizations	Ability of clients/patients to obtain care/service at the right place and right time, based on needs	Care/service provided is relevant to client/patient needs and based on established standards	Individual's knowledge/skills are appropriate to care/service provided
Continuity	**Effectiveness**	**Efficiency**	**Safety**
Ability to provide uninterrupted, coordinated care/service across programs, practitioners, organizations, and levels of care/service, over time	Care/service, intervention or action achieves desired results	Achieving desired results with most cost-effective use of resources	Potential risks of an intervention or the environment are avoided or minimized

Source: CIHI, 1999, *Roadmap initiative: launching the process*, Ottawa.

The 2005-2006 Profile includes indicators that begin to measure some aspects and dimensions of quality health care. The indicators included in the Profile come from a variety of sources and are a result of a literature search and discussions with personnel around the province. At this point, the indicators are considered a work in progress. Efforts at developing and refining useful and accurate indicators of quality health care are ongoing. As well, these efforts are influenced by the availability and quality of information collected for the various programs.

Mental Health Services

The overall goal of the Mental Health Services Program is to promote and support the mental health service needs of the population directly through the provision of care and services and indirectly through support to other service sectors involved with persons with mental health problems. The Mental Health Program is divided into four main service areas: Child and Youth services; Adult Community Services; Psychiatric Rehabilitation Services; and Mental Health Inpatient Services.

In addition to the services mentioned above, health regions also devote a certain amount of resources to mental health promotion. Mental health promotion goals include enhancing protective factors such as coping skills and social supports, decreasing risk factors, which may include but are not limited to anxiety, depression, and isolation, and reducing inequities due to such factors as employment, physical or mental disability, or geographic location.

Mental Health Services Program:	
Child and Youth Services	**Psychiatric Rehabilitation Services**
Adult Community Services	**Mental Health Inpatient Services**

In the context of overall health care in Saskatchewan, mental health services are provided on a continuum of care, within the framework of a community-based service delivery model. The mental health continuum is comprised of both direct and indirect services. Direct services have the primary responsibility for mental health care (including mental health clinics, community-based organizations delivering mental health services, private practice psychiatrists and inpatient psychiatric units). Indirect services or agencies have the primary responsibility to address other mandates (such as research, child protection, social welfare, young offender services and education), but include a significant mental health component (social services, education, justice, municipal government, public health, alcohol and drug services, and the medical community). Services tend to be generic in rural areas and more specialized in the urban centres. Mental Health and Addiction services are now integrated under a single manager in all RHAs.

Mental Health Improvements		
Regional Health Authority	**Area**	**Comments:**
SASKATOON:	Rehab	• Acute Mental Health Home Care
	Rosthern/Wakaw	• Staff have begun work on population health promotion strategy.
	Child & Youth	• Converted a Psychologist position into an Addiction Worker. • Created a .5 FTE Community Nurse assigned to the Children's Therapeutic Classroom.
	Lanigan	• Adult service was transferred from Sunrise in 2005 to Saskatoon Health Region for Wynyard and area. caseload has dramatically increased. Transfer of Rehab services from Sunrise was negotiated.
	Humboldt	• Increase in the amount of group work done by staff.
	Adult Community Program:	• Generalized Anxiety are now offered on an ongoing basis. • The Adult Community Depression program was modified to provide timely screening of referrals and group services. Self-help workshops have been provided to clients with long-term needs. • The Alternatives to Violence program has been revised in partnership with a number of First Nations agencies. • The Psychiatrists associated with the Adult Community Program are moving toward "shared care" model of service delivery. • Adult Community staff working with high-risk individuals in primary care sites with family physicians. • A research project has been completed to measure the effectiveness of Short-term Solution-Focused Counselling in reducing wait times in the Adult Counselling Program.

MAMAWETAN:		• Monthly itinerant psychiatric services were restarted through Northern Medical Services. This has provided for better continuity of care for clients and more consistent follow up.
PA/PARKLAND		• Cognitive Disabilities Strategy • Children's Center of Excellence (child psychiatric inpatient) opened August 2005 • Nursing enhancements to Children's Psychiatric Outpatient Clinic • Remote Services Project established to enhance services to northern youth.
CYPRESS		• Child and Youth Program have contributed significant time to community development and health promotion (333 hours) • Child and Youth have reduced their wait time by an average of 2 weeks. • Child psychologist has been employed. • 1 new approved home opened • The new hospital will be opening in 2007. Plans and discussions have continued throughout 2005-06.
REGINA QU'APPELLE	Mental Health Clinic:	• Mental Health Home Care is ready for implementatio. pending review and final approval.
	Fort Qu'Appelle:	• 0.5 FTE Clinical Manager for Rural West and East
	Child and Youth:	• 2 FTE's Cognitive Disability Strategy to enhance assessment and diagnosis of cognitive disabilities and 2 days/week Developmental Paediatrician.
HEARTLAND		• Clinical Supervisors have now been designated for each of the Mental Health Programs. . • In response to access and staff travel issues, the Region was organized into five service centres for Mental Health & Addiction Services. The service centres are located in the communities of Rosetown, Kindersley, Biggar, Unity and Outlook. • The Acute Mental Health Home Support Program was implemented on October 1, 2005. • Access by Child & Youth workers to the services of a Child Psychiatrist has been a tremendous benefit to the workers and young clients. • Centralized Intake is now being staffed on a 5 day per week basis and replacement staff is being scheduled when the Intake Worker assigned to the program is not available.

ATHABASCA:		• Increase of supervision and implementation of new strategies focused on community's needs. • Identification of deficiencies in providing mental health services and develop new approaches.
FIVE HILLS		• The FHHR MH/A has developed a school team consisting of MH/A workers who are providing direct clinical services in high schools in the region. • The Acute Mental Health Home care project was piloted, modifications were made; this program is seen as a significant enhancement to client services. • The Moose Jaw Non Profit Housing Corporation, Moose Jaw Housing authority, Community Partners and FHHR – Mental Health and Addictions submitted a proposal to the Centenary Affordable Housing Program and HRDC – Office of the Homeless. The proposal was approved for a building to house residential, social and vocational services for long-term seriously mentally ill clients. • Mental Health and Addictions Services co-located at the Moose Jaw Union Hospital in an effort to further integrate services.
PROVINCIAL		• SHNB initiative of $59 million to build new facility. A central planning process to increase access has begun. • Children's Mental Health received $2 million to increase services. • Acute Mental Health Home Care implemented ($1.1 million) to provide more intensive support post discharge and to avoid readmission. • Integration of Alcohol and Drug and Mental Health services is progressing in all regions.

Mental Health Issues and Concerns		
Regional Health Authority	**Area**	**Comments:**
SASKATOON:	Rehab	• challenges providing case management, support and residential services to individuals with high/complex needs and/or non traditional diagnosis, behaviour challenges, etc.
	Rosthern/Wakaw	• Client transitioning between sites is an issue. • Increases the costs to our program area as staff are required to travel to other geographical areas to see clients.
	Child & Youth	• the lack of case coordination among agencies within Saskatoon • managing children and youth who present with complex needs. • the challenge of outreaching to youth in the inner city who present • with multiple problems. • lengthy wait lists that preclude timely response.
	Lanigan	• Access to psychiatry service in Regina for Strasbourg and area residents continues to be a challenge. • Wynyard physicians continue to experience difficulty in accessing psychiatrists.
	Humboldt	• Need for improved coordination and inclusion of Mental Health and Addictions services in Chronic Disease Management. Need for improved coordination and communication as per Mental Health Home Care Accord.
	Adult Community Program:	• Completed review of waiting times to help develop appropriate benchmarks and to recommend program and other changes that would have the potential to better align services within existing resources. • The establishment of the Domestic Violence Court in Saskatoon significantly increased the number of referrals to the Alternatives to Violence program. This has resulted in delays for service that undermine the intent of the court to facilitate more immediate treatment options for those charged with domestic violence. • Services to individuals with mental health issues who are in conflict with the law.

MAMAWETAN		• Lack of approved homes, lack of emergency housing, very poor access to child/youth psychiatric services with very long waiting periods.
SUNRISE:		• Shortages of psychologists, nurses/psychiatric nurses • Wait times for child psychiatry • Dual diagnosis clients
CYPRESS		• Adult psychologist position has been vacant despite active recruitment. • Recruitment for a 2nd psychiatrist has not been successful despite active recruitment. • The provision of Early Childhood Mental Health Services continues to be problematic in the health region. • Implications of School District amalgamation are still unknown. • Issues around geographic isolation of clients and travel requirements are increasing. • Psychiatric services in rural areas are not available leading to individuals unable to travel not being monitored • Staffing vacancies continue to be a problem on the inpatient unit. Including managerial position. • Overtime costs are increasing
REGINA QU'APPELLE	Grenfell:	• Wait times for child psychiatry
	Fort Qu'Appelle:	• Wait times for child and youth appointments other than emergent remains significant.
	Child and Youth:	• Wait lists, scarcity of child psychiatry, demand from other southern RHD's to access speciality services.
HEARTLAND		• Discharge planning for discharges from the urban centres has been a concern. • The region is experiencing staffing shortages in the Psychiatric Rehabilitation Program due to extended leaves by staff. • Access to an Early Childhood Psychologist has been a problem for clinical supervision and assessments for Early Childhood Therapist.
SUN COUNTRY		• Increased wait times in both children and youth and Adult Community Service in Estevan. Have hired a SW Generalist for Estevan in 2006-07 to assist with this.

ATHABASCA		• lack of Mental Health Therapists with strong background in complex trauma, sense of community commitment and professionalism. • need for increased community knowledge of appropriate use of mental health services. • need for increased integration of mental health services and other services. • need for appropriate services to high-risk clients.
FIVE HILLS		• None noted
PROVINCIAL		• Access and waiting times continue to be a problem in certain areas. Saskatoon Health Region conducted a review to address this issue. • Complex cases continue to be an issue resulting in extended periods in acute care due to lack of appropriate community services. • Staff recruitment and retention of nurses, psychiatrists, and psychologists continues to be a problem in certain areas.

Child and Youth Services

Child and youth mental health services work to meet the mental health needs of children and youth in Saskatchewan. Services are extended to those children and youth with serious and persistent mental health disorders, as well as less severe mental health and behavioural challenges and those who are at risk of developing mental health and behavioural problems.

The following table outlines the range of services that may be provided for children and youth in most regions. Heartland, Kelsey Trail and the northern regional health authorities are exceptions as some services are only available outside the region.

Range of Child and Youth Services	
♦ **Intake / screening / referral**	♦ **Eating disorder treatment**
♦ **Assessment**	♦ **Parenting education groups**
♦ **Individual counselling**	♦ **Anger management groups**
♦ **Family therapy**	♦ **Services for sexually abused children**
♦ **Adolescent sexual offender assessment / treatment**	♦ **Behavioural assessment, management & treatment**
♦ **Other young offender assessment / treatment**	♦ **Suicide intervention and prevention /psychosocial trauma response**
♦ **Attention Deficit Hyperactivity Disorder treatment**	♦ **Case facilitation and management**
	♦ **Early childhood development**

A number of community-based organizations also provide services for children and youth. These organizations receive support from health regions. They include Rainbow Youth Centre (Regina), the Autism Resource Centre (Regina), and the Autism Treatment Services of Saskatchewan (Saskatoon).

Community-Based Organizations: Child and Youth
Rainbow Youth Centre (Regina)
Autism Resource Centre (Regina)
Autism Treatment Services of Saskatchewan (Saskatoon)

There are some inpatient assessment and treatment services available as services for children and adolescents. There is a ten-bed mental health inpatient service for children and youth at the Regina General Hospital in Regina, 18 inpatient beds on a dedicated child and youth ward in Prince Albert and six mental health inpatient beds for adolescents on the adult inpatient unit at Royal University Hospital in Saskatoon.

Adult Community Services

Adult Community Services provide direct and indirect clinical and consulting services to adults. Direct service is provided through diagnosis and treatment of a wide variety of mental health problems as well as counselling and support for community clients. Indirect services take the form of consultation and support to other agencies, such as the forensic assessment of individuals who are being processed through the justice system.

The following table outlines the range of services that are available at mental health clinics in most health regions. The full range of services, particularly inpatient and psychiatric services, is not available in Heartland, Kelsey Trail and the northern health regions.

Range of Adult Community Services	
• **Intake / assessment / referral**	• **Sexual assault / sexual abuse support**
• **Marital counselling**	• **Crisis intervention**
• **Individual counselling**	• **Court ordered assessment**
• **Family therapy**	• **Problem gambling support**
• **Family violence treatment**	• **Adult sexual offender assessment / treatment**
• **Victim support**	

Mobile Crisis Services (Regina), Crisis Management (Saskatoon), and BridgePoint Centre (Heartland) also receive support from the health regions and provide services to the adult community population. PA Parkland also provides funding to the local mobile crisis program.

Health Care Organizations: Adult Community
Crisis Management (Saskatoon)
Crisis Intervention (Saskatoon)
BridgePoint Centre (Heartland)

Psychiatric Rehabilitation Services

Psychiatric Rehabilitation Services recognizes the unique circumstances of persons with long-term psychiatric disabilities. Psychiatric Rehabilitation Services address the particular needs of the target group through a range of supportive and rehabilitative services and uses a proactive approach to link clients to a continuum of services that emphasizes community-based care. In addition to the more generalized services available in the community, specialized services are also developed to meet the unique needs of this target group.

The following table outlines the range of services provided in most health regions. Heartland, Kelsey Trail and the northern health regions are exceptions as some services are only available outside of the regions.

Range of Psychiatric Rehabilitation Services	
♦ **Case management**	♦ **Family support and respite services**
♦ **Group homes**	♦ **Annual review of treatment plan**
♦ **Approved homes**	♦ **Crisis management**
♦ **Day activity/recreational programs**	♦ **Financial assistance worker**
♦ **Vocational/prevocational programs**	♦ **Family/client education**
♦ **Independent/apartment living options**	♦ **Shared management (corrections, long-term care)**

The health regions support a number of Health Care Organizations (HCOs) to provide services to psychiatric rehabilitation clients (please see following table).

Health Care Organizations: Psychiatric Rehabilitation			
Canadian Mental Health Association (CMHA): North Battleford, Kindersley, Moose Jaw, Swift Current, Prince Albert, Melfort, Regina, Weyburn, Yorkton, and Saskatoon Branches and CMHA Division Office			
Edwards Society (Prairie North)	Libbie Young (Prairie North)	Saskatoon Housing Coalition (Saskatoon)	OASIS Community Centre Cooperative Ltd. (Kelsey Trail)
Phoenix Residential Society (Regina)	SMILE (Sun Country)	SHARE (Prince Albert)	Crisis Management (Saskatoon)
Portage Vocational (Prairie North)	Thunder Creek Rehab (Five Hills)	Crocus Cooperative (Saskatoon)	Mobile Crisis Service Inc. (Regina)
Weyburn Group Homes (Sun Country)	S.I.G.N. (Sunrise)	McKerracher Support Services (Cypress)	Schizophrenia Society of Saskatchewan

Mental Health Inpatient Services

The goal of inpatient services is to restore individuals' capacity to live independently. Diagnostic and treatment services are provided for a wide range of acute mental illnesses on an inpatient basis in designated mental health units within general hospitals. In some centres, day treatment is also provided.

Saskatchewan Hospital at North Battleford (SHNB) is the province's only facility dedicated specifically to intensive rehabilitation of people with mental illness and forensic services and is accessible by referral across the province.

The following range of services may be available at mental health inpatient facilities. Heartland, Kelsey Trail and the northern health regions do not have mental health inpatient facilities. Clients access mental health inpatient facilities from adjacent regions.

Range of Mental Health Inpatient Services

- **Designated facility under *The Mental Health Services Act and Regulations, 1986***
- **24 hour on-call psychiatrist**
- **24 hour nursing service**
- **Consultation re: involuntary admissions**
- **Specialized treatment service**
- **Adolescent unit**
- **Day treatment provided by inpatient services**
- **Crisis management**
- **Counselling for individuals and families**
- **Outpatient Electroconvulsive Therapy**
- **Nursing consultation to other units**
- **Medical and psychosocial assessments**
- **Behaviour management programs**
- **Clozapine and Modecate, etc. clinics**
- **Health promotion, prevention and education**
- **Group psycho-educational programs**
- **Family support groups**
- **Case management**
- **Assessment for long-term care placement**

Saskatchewan Hospital North Battleford

SHNB is the province's only facility dedicated specifically to intensive rehabilitation of people with mental illness. SHNB is managed by the Prairie North Regional Health Authority but serves the entire province.

The mandate of the hospital is to provide longer-term rehabilitation to serve persons with mental illness whose needs cannot be met in local inpatient mental health facilities. In addition to psychiatric rehabilitation, SHNB also provides a 24 bed Forensic Unit for remand assessment, treatment and special disposition under the Criminal Code for persons found "Not Criminally Responsible" or unfit to stand trial. Admissions for the Forensic Unit are through the justice system.

The following table shows the range of services offered at SHNB. See Appendices two, three and four for specific statistics regarding SHNB.

SHNB - Range of Inpatient Services	
• Designated facility under *The Mental Health Services Act* • 24-hr interdisciplinary patient services • Specialized treatment services • Services available for outpatients • Family Advisory Council	• Clozapine program • Polydipsia program • Rehabilitation program which includes vocational, leisure education, life skills, psychosocial, educational and recreational activities

SHNB – Specialized Services by Unit and Number of Beds	
Unit	**Number of Beds**
Admissions	**20**
Rehabilitation I	**24**
Rehabilitation II	**23**
Transitional Services:	
Transitional Unit	**26***
Cottage Muskwa	**6**
Donaldson House	**9**
Specialized Rehabilitation:	
Psychogeriatrics	**0***
Organic Mental Disorder	**24**
Forensic Program	**24**
Total	**156**

*** 4 beds from the Psychogeriatrics Unit were transferred to the Transitional Unit. The remaining 22 beds of** the Psychogeriatric Unit are temporarily closed. These changes were made in fall, 2004.

Acceptability

- Care/service provided meets expectations of client, community, providers and paying organizations.

Acceptability Indicator 1 – Caseload Size for Mental Health Services, 2004-2006

RHA	Location	General		Child & Youth		Adult		Rehabilitation		Psychiatry	
		04/05	05/06	04/05	05/06	04/05	05/06	04/05	05/06	04/05	05/06
Athabasca	Stony Rapids	N/A	N/A			N/A	N/A				
	Black Lake	N/A	N/A	N/A	N/A	N/A	N/A				
	Wallaston Lake	N/A	N/A	N/A	N/A	N/A	N/A				
	Fond du Lac			N/A	N/A	N/A	N/A				
Cypress	Swift Current			25.3	30	83	50	37.1	35	369	632
Five Hills	Moose Jaw	57	56					47	47	329	283
Heartland	Bigger, Unity, & Wilkie			57	57	67	64	76	54		
	Kindersley			50	58	54	60	62	60		
	Rosetown			42	45	60	60	60	60		
Keewatin Yatthe	Beauval	44	52								
	Buffalo Narrows	45	51								
	La Loche	90	85								
	Ile a La Crosse	41	41								
Kelsey Trail	Melfort, Tisdale & Nipawin	50-60	35		20						
Mamawetan Churchill River		30	35-40								
Prairie North	Lloydminster			33	35	40	40	49.5	27		
	North Battleford			33	35	40	40	49.5	51	350	
	Meadow Lake	35	35		40						
	Twin River	35	40								
Prince Albert Parkland	Prince Albert			45	45	60	60	65	50	300	357
	Spiritwood	25-30									
Regina Qu'Appelle	Regina	44		53	44	53	60	47	6	236*	305*
	Fort Qu'Appelle	42	40								
	Grenfell	N/A		44	45	50.5	45	N/A	6		
Saskatoon	Humboldt			26	29	35	39	36	40		
	Lanigan			40	45	60	60	42	42		
	Rosthern	42	42					51	73		
	Saskatoon			36	39	35	37	37	37	408	474
Sun Country	Estevan			62	72	41	52	52	62.5	137	79
	Wawota			30		30		85	65		
	Weyburn			31	35	41	44	30	37.4	161	111
Sunrise	Yorkton, Canora & Melville	55	N/A	18	28	47	56	42	43	112	111

* Adult only

Caution: Variations may result from failure to close cases, variations in recording, or in particular, work with non-registered clients.

N/A – Not Applicable

Adult and Child & Youth caseloads vary considerably across the province. A careful review of caseload should be undertaken on a regular basis, including length of time on caseload and the balance with other non-case related mental health promotion/education activities

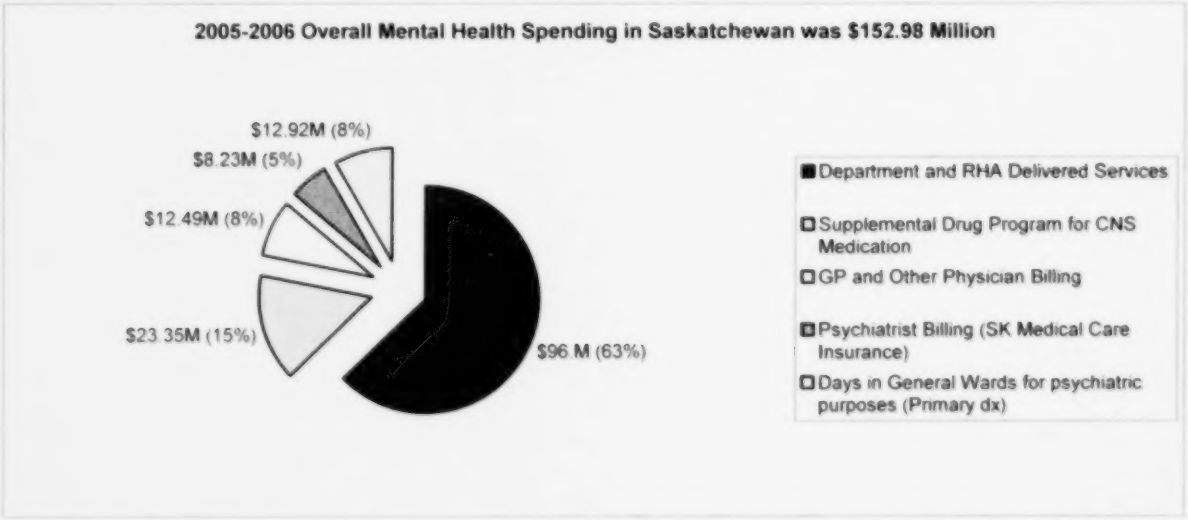
Acceptability Indicator 2: Provincial Mental Health Expenditures

Mental health program budget/expenditure increases over the past five years are shown on the following table.

Mental Health Budget Summary (Department and RHA Delivered Services) in Millions of Dollars		
2005-2006	$96.0 (actual)	Increase of $3.9
2004 - 2005	$92.1*	Increase of $3.4
2003 - 2004	$88.7*	Increase of $4.2
2002 - 2003	$84.5*	Increase of $3.0
2001 - 2002	$81.5*	Increase of $3.8

* Budgeted amounts

The above represents regional health authority (RHA) and Saskatchewan Health mental health funding. While this reflects the majority of mental health services in the province it is not the entire picture. The pie chart below provides a more accurate reflection of the total spending directly associated with the provision of mental health services. Total mental health spending for the 2005 - 2006 fiscal year was $152.8 Million. Mental health expenditures accounted for 5.3% of the total provincial health budget in 2005-2006.


2005-2006 Overall Mental Health Spending in Saskatchewan was $152.98 Million
$12.92M (8%)
$8.23M (5%)
$12.49M (8%)
$23.35M (15%)
$96.M (63%)
Department and RHA Delivered Services
Supplemental Drug Program for CNS Medication
GP and Other Physician Billing
Psychiatrist Billing (SK Medical Care Insurance)
Days in General Wards for psychiatric purposes (Primary dx)

Acceptability Indicator 3: 2005-2006 Regional Health Authority Mental Health Actuals

Region	Actual Expenditure	Population	$/10,000 Population	In Patient	Out Patient	Contract Psychiatrists
Athabasca	$260,207	2,323	$1,139,260			
Cypress	$3,180,090	44,201	$719,461	$1,050,890	$1,546,031	
Five Hills	$5,141,749	55,476	$926,842	$1,899,338	$2,229,994	
Heartland	$1,322,965	44,124	$299,829	N/A	$1,322,965	
Keewatin Yatthé	$723,043	11,396	$634,471	N/A	$723,043	
Kelsey Trail	$943,932	43,204	$218,483	N/A	$943,932	
Mamawetan Churchill River	$733,488	21,771	$336,911	N/A	$733,488	
Prairie North	$7,166,623	72,834	$983,967	$1,746, 757	$4,202,316	
Prince Albert Parkland	$8,158,208	77,847	$ 1,047,980	$3,682,834	$3,618,694	
Regina Qu'Appelle	$20,807,427	246,877	$842,826	$8,145,138	$9,564,449	
Saskatoon	$19,394,578	289,645	$669,598	$5,965,752	$12,432,286	
Sun Country	$4,868,460	53,839	$904,263	$1,655,499	$2,686,520	
Sunrise	$5,056,070	57,543	$878,659	$1,661,231	$2,506,040	
Saskatchewan Hospital North Battleford	$16,304,132	N/A	N/A	$15,413,514	N/A	
TOTAL	**$94,060,971**	**1,021,041**	**$921,226**	**$40,170,063**	**$40,963,727**	**$9,486,884**

Acceptability Indicator 3 shows mental health funding (actuals) for each health region and expenditures per 10,000 population. Funding varies considerably by each region.

Although Kelsey Trail and Heartland RHA have the lowest expenditure per 10,000 population they do not provide either inpatient or psychiatric services in these regions. Costs per 10,000 are high in Prince Albert Parkland Health Region; however, they also provide inpatient and other services to Kelsey Trail and Mamawetan Churchill River Regional Health Authorities.

Acceptability Indicator 4: Central Nervous System Drug Utilization 2001-2002 to 2005-2006

Central Nervous System Drug Utilization				
Fiscal Years	**Number of Clients**	**Number of Prescriptions**	**Drug Plan Paid**	**Percent Change**
2005 - 2006	60,684	637,510	$23,349,503	8.0%
2004 - 2005	57,823	595,497	$21,483,727	6.5%
2003 - 2004	55,526	550,317	$20,093,897	13.3%
2002 - 2003	56,721	506,564	$17,412,694	14.7%
2001 - 2002	55,816	474,817	$14,850,385	12.9%

Breakdown by Classification	Therapeutic Classification	# of Prescriptions	Total Rx Cost	Total Drug Plan Paid
Antidepressants	28:16.04	317,345	11,754,171	8,736,472
Antimanic Agents	28:28.00	9,665	144,174	114,416
Antipsychotics Agents	28:16.08	144,780	14,218,988	12,905,495
Anxiolytics, Sedatives & Hypnotics (Benzodiazepines & Miscellaneous)	28:24.08 & 28:24.92	165,721	2,084,013	1,593,121
Totals		**637,511**	**28,201,347**	**23,349,503**

**** Please note, Drug Plan data cannot distinguish the indication for use of the drugs included in this report. Some of these medications may be used for other than Mental Health indications.***

Notes: Information provided Drug Plan & Extended Benefits
These totals do not include prescriptions dispensed in hospital or for non-eligible residents such as those who have prescription costs paid by another agency, for example:
* Health Canada, First Nations and Inuit Health Branch
* Worker's Compensation Board,
* Veterans Affairs Canada,
* Members of the RCMP or Canadian Forces
* Inmates of federal penitentiaries.

These totals only reflect prescriptions accepted and processed by the Drug Plan where the Drug Plan paid a portion towards the cost of the prescription.

The number of clients represents the discrete beneficiaries who had at least 1 prescription for the specified group of drugs in the specified time period.

EDS = Exception Drug Status
EDS drugs are listed in the Saskatchewan Formulary with restricted coverage. Physicians or pharmacists must apply to the Drug Plan for approval for individual patient coverage. If an application is not approved or EDS application is not made, the use of these agents is not captured in the database.

The following are EDS drugs by brand name that are included in the Central Nervous System Drugs selection listed above:

Clopixol (EDS)
Clopixol Acuphase (EDS)
Clopixol Depot (EDS)
Clozaril (EDS)
Gen-Clozapine (EDS)
Novo-Bupropion SR (EDS)
Risperdal Consta (EDS)
Wellbutrin SR (EDS)
Zyprexa (EDS), and
Zyprexa Zydis (EDS)

Accessibility

- Ability of clients/patients to obtain care/service at the right place and right time, based on needs.

Waiting time is an important accessibility component. Prompt intervention can avert mental health crises and alleviate the need for more intensive forms of care. Delays in service delivery can be detrimental to not only to the individuals directly suffering from a mental health concern but their family and support group as well.

Accessibility Indicator 1-A: Wait Times for Rural and Smaller Centres Mental Health Services, 2005/06 (Non-emergent and Non-specialized)

Region	Location	Child	Adult	Psychiatry	Rehabilitation	General
Athabasca		N/A	N/A			1-2wks
Five Hills	Rural			2-4wks	>2wks	2-4wks
	Bigger	<2wks	<2wks		<2wks	
	Kindersley	2-4wks	2-4wks		<2wks	
Heartland	Rosetown	<2wks	2-4wks		2-4wks	
Keewatin Yatthé						<2wks
	Melfort	2-4wks	2-4wks		<2wks	
	Tisdale	2-4wks	2-4wks		<2wks	
Kelsey Trail	Nipawin	2-4wks	<2wks	4-12wks	<2wks	
Mamawetan Churchill River	Churchill River					<2wks
	Lloydminster	9-12wks	5-8wks	5-8wks	<2wks	
Prairie North	Meadow lake		2-4wks			
Prince Albert Parkland	Rural					2-4wks
Regina Qu'Appelle	Fort Qu'Appelle	2-4wks	2-4wks	2-4wks		
	Grenfell	2-4wks	2-4wks			<2wks
	Humboldt	<2wks	2-4wks	2-4wks	<2wks	
	Lanigan	2-4wks	2-4wks	6-8	<2wks	
Saskatoon	Rosthern	<2wks	<2wks	8-10wks	2-4wks	
	Estevan	2-4wks	2-4wks	<2wks	2-4wks	
Sun Country	Wawota				<2wks	2-4wks
	Melville/Esterhazy	2-4wks	<2wks	2-4wks	2-4wks	
Sun Rise	Canora	2-4wks	<2wks	2-4wks	2-4wks	

In general, Saskatchewan's residents can receive mental health services within one month. Health Authorities with longer waiting time need to review the situation and determine the cause of the delays. The above reflect the time between first contact and first appointment.

Accessibility Indicator 1-B: Wait Times for Urban Mental Health Services 2005/06 (Non-emergent and Non-specialized)

Region	Location	Child & Youth	Adult	Psychiatry	Rehabilitation
Cypress	Swift Current	2-4wks	1-4wks	<2wks	<2wks
Five Hills	Moose Jaw	4-6wks	4-6wks	4-6wks	>2wks
Prairie North	North Battleford	2-4wks	2-4wks	2-4wks	<2wks
Prince Albert Parkland	Prince Albert	5-8wks	2-4wks	4-12wks	<2wks
Regina Qu'Appelle	Regina	4wks	4wks	1-20 wks MHC 12 wks C&Y	2-5 months
Saskatoon	Saskatoon	2-4wks	5-8 wks	5-8wks	2-4wks
Sun Country	Weyburn	<2wks	<2wks	<2wks	<2wks
Sunrise	Yorkton	2-4wks	<2wks	2-4wks	2-4wks

In the urban areas, longer waiting periods exist in a number of regions. Waiting times beyond four weeks for general services should be reviewed and a plan for improvement developed. Improvements were noted in the Saskatoon and Heartland health regions.

Accessibility Indicator 2: Wait Time for Service at Saskatchewan Hospital North Battleford, 2001-2002 to 2005-2006

SHNB Rehabilitation Admissions	2005-2006	2004 - 2005	2003 - 2004	2002 - 2003	2001 - 2002
# Patients referred	53	46	60	38	45
# Patients admitted	35	26	30	28	27
# Not suitable for admission	4	7	8	1	1
# On waiting list	1	3	3	2	2
Average time between acceptance & admission (days)	42	53	38	49	30

The Canadian Psychiatric Association published a series of recommendations made by Canada's Psychiatrists in March 2006 titled Wait Time Benchmarks for Patients with Serious Psychiatric Illnesses. This publication can be seen at: http://www.cpa-apc.org/Publications/Position_Papers/2006-1pp-en.pdf

The Canadian Mental Health Association in Saskatchewan published a report in March 2006 entitled Awareness and Access to Mental Health Services in Saskatchewan. This publication can be seen at: http://www.cmhask.com/events/Survey.pdf

Accessibility Indicator 3: Discrete Mental Health Client Registrations Total by RHA, 2005-2006

Region	Total Active Clients for 2005-2006	New/Reopened Clients (male/female)	
Athabasca	N/A	N/A	
Cypress	1,735	577	(252/325)
Five Hills	2,564	968	(401/567)
Heartland	1,362	660	(252/408)
Keewatin Yatthé	506	253	(130/123)
Kelsey Trail	1,291	531	(185/343)
Mamawetan Churchill River	410	272	(110/162)
Prairie North	4,580	2,023	(824/1197)
Prince Albert Parkland	4,049	1,449	(682/767)
Regina Qu'Appelle	7,045	2,475	(1272/1203)
Saskatoon	7,468	2,941	(1400/1541)
Sun Country	2,297	1,078	(460/619)
Sunrise	2,209	1,053	(455/598)
Total	**40,687**	**14,280**	

Accessibility Indicator 3 provides the number of persons that were registered clients during part or all of 2005-2006. The number of clients assumes that they were being seen as active clients during the year.

The number of new and reopened clients in 2005-06 indicates generally good accessibility of mental health services. The number of new/re-opened went up slightly in 2005-06 by approximately 281 clients. It should be noted that this chart only represents persons who become registered. Regina reported less than 40% of persons who approach mental health services go on to receive services, while others are referred elsewhere, only seek information or decline services, other RHA's report approximately 60%. This difference between health regions needs to be reviewed for underlying reasons.

Accessibility Indicator 5: New and Re-opened Registrations by 10,000 Population

For Chart see page 24

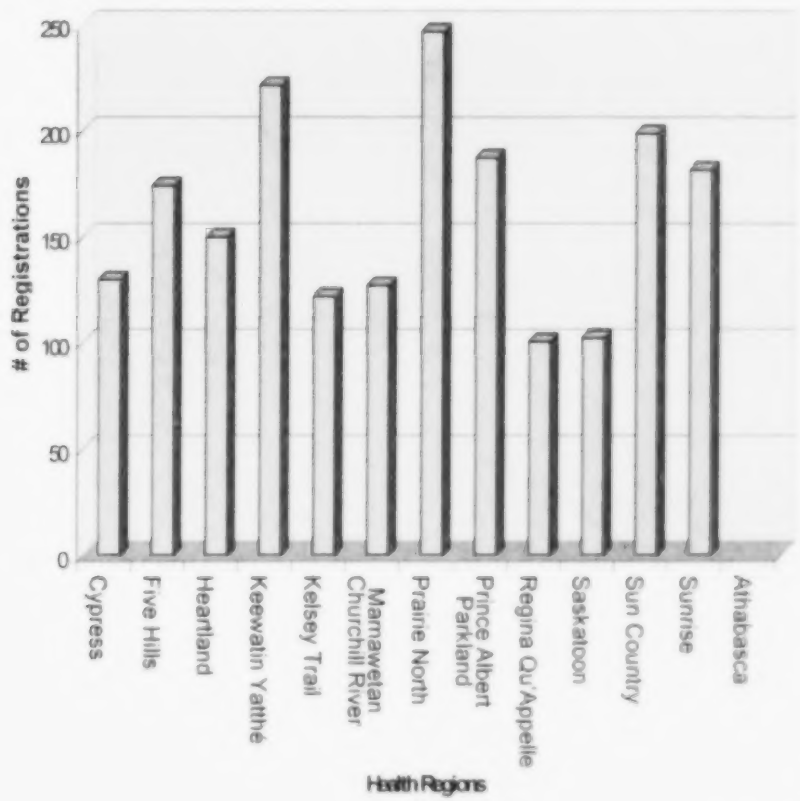
New/re-opened registrations by population varies across RHAs and is influenced by a number of factors and can not totally be explained by staffing and budget differences. This should be reviewed in some areas.

Accessibility Indicator 4:

New and Reopened Registrations by Age (in years) and Health Region, 2005-2006

Region	01-04	05-09	10-14	15-19	20-39	40-59	60-79	80 Plus	Unknown	Total
Cypress	2	51	83	69	183	142	37	10		577
Five Hills	4	40	62	124	333	295	371	34		968
Heartland	4	39	66	89	170	129	94	21	14	660
Keewatin Yatthé	1	6	20	44	80	54	4			253
Kelsey Trail	3	24	50	74	164	153	42	20		530
Mamawetan Churchill River	1	11	42	40	129	43	4	2		272
Prairie North	30	99	187	317	749	508	99	34		2,023
Prince Albert Parkland	5	56	157	238	516	336	100	31		1,449
Regina Qu'Appelle	82	260	274	386	718	522	122	76		2,475
Saskatoon	168	167	280	455	909	609	188	48		2,941
Sun Country	9	109	130	128	369	230	69	34		1,078
Sunrise	5	74	94	142	301	320	94	23		1,053
Total	**311**	**932**	**1,441**	**2,102**	**4,602**	**3,322**	**1,205**	**268**	**14**	**14,279**

Accessibility Indicator 5: New and Re-opened Registrations by 10,000 Population



Accessibility Indicator 6: New Registrations by Region of Residence, 2005-2006

Region of Residence	Region of Service						
	Athabasca	Cypress	Five Hills	Heartland	Keewatin Yatthe	Kelsey Trail	Mamawetan Churchill River
Athabasca	No info						
Cypress	available	557	6	2			
Five Hills		2	939	6			
Heartland		2	2	633			
Keewatin Yatthe					250		1
Kelsey Trail				1		523	
Mamawetan Churchill River					3		266
Prairie North			1	1			2
Prince Albert Parkland			2			4	1
Regina Qu'Appelle		2	8	10			
Saskatoon		2	1	4			1
Sun Country			2	2			
Sunrise							
Out of Province		12	7	1		3	1
Total*		**577**	**968**	**660**	**253**	**530**	**272**

Region of Residence	Region of Service						
	Prairie North	Prince Albert Parkland	Regina Qu'Appelle	Saskatoon	Sun Country	Sunrise	Total
Athabasca		6		1			7
Cypress	6	3	6	12			**592**
Five Hills	5		7		2		**961**
Heartland	83	1		105			**826**
Keewatin Yatthe	77	5					**333**
Kelsey Trail	8	201	1	14		3	**751**
Mamawetan Churchill River		60		3			**332**
Prairie North	1570	4		11			**1589**
Prince Albert Parkland	66	1129		17			**1219**
Regina Qu'Appelle	32	1	2,425	13	10	10	**2511**
Saskatoon	55	30	9	2734	1	18	**2855**
Sun Country	5	1	12	4	1063	3	**1092**
Sunrise	11	1	10	7		1008	**1037**
Out of Province	285	7	4	20	2	11	**353**
Total*	**2203**	**1449**	**2475**	**2941**	**1078**	**1053**	**14,458**

*Minor variation between registration numbers is due to variation in timing of data analysis.

In those areas that receive a large number of clients from other RHAs it increases the demand on services and creates challenges in terms of service continuity.

Healthline

Information concerning the Healthline was added in 2004-2005, to provide addition information concerning pubic access to mental health services.

Mental Health Calls to Healthline, 2005-2006

Presenting Problem	Total	Average Length of Call (in minutes)	Number of Calls During Different Times		
			12:00 a.m. to 8:00 a.m.	8:01 a.m. to 4:59 p.m.	5:00 p.m. to 11:59 p.m.
Anxiety	480	21	143	126	211
Suicide	104	30	14	43	47
Overdose	383	7	90	111	186
Substance Abuse	536	16	63	278	195
Mental Health	946	13	652	86	208
Total	**2449**	**17**	**962**	**644**	**847**

The Healthline received 86,240 total calls. The above table represents a break down of the calls relating to mental health issues. There has been approximately 1,000 more calls than 2004-2005.

Appropriateness

- Care/service provided is relevant to client/patient needs and based on established standards

Appropriateness Indicator 1: Length of Stay, Daily Census and Occupancy Rates for Health Regions, 2004-2005

RHA	Facility	Number of Beds	Patient Days	Average Daily Census	Occupancy Rate	Separations	ALOS
Cypress	Swift Current Mental Health Centre	10	2,497	7	68.4%	223	11.2
Five Hills	Moose Jaw Mental Health Centre	14	4,873	13	95.4%	389	12.5
Prairie North	Battlefords Mental Health Centre	22	6,183	17	77.0%	557	11.1
Prince Albert Parkland*	Prince Albert Mental Health Centre	44	9,731	27	60.6%	809	12.0
Regina Qu'Appelle*	Regina General Hospital	50	16,645	46	91.2%	903	18.4
	RGH, Adolescent Unit	10	2,282	6	62.5%	156	14.63
Saskatoon*	Saskatoon City Hospital	18	6,536	18	99.5%	384	17.0
	Saskatoon Royal University Hospital	32	9,555	26	81.8%	690	13.8
Sun Country*	Weyburn Mental Health Centre	10	1,949	5	53.4%	116	16.8
Sunrise*	Yorkton Mental Health Centre	18	3,992	11	60.8%	234	17.1
TOTAL		**228**	**64,243**	**174**	**77.2%**	**4,461**	**14.45**

Notes

Sources: Mental Health Information System and Hospital Information System.

Days stay: separations took place between April 1st and March 31st. Totals are from date of admission to date of discharge and may include days before April 1st.

ALOS: average length of stay in days.

ADC: average daily census.

Occupancy rate: ADC / rated bed capacity

ELOS: expected length of stay as determined by Canadian Institute on Health Information.

* There are approximately 230-236 licensed beds in Saskatchewan.

Appropriateness Indicator 2: Number of Clients by Length of Stay (in days) in Mental Health Inpatient Wards, 2004-05

Mental Health Centre	005 and under	006 to 010	011 to 015	016 to 025	026 to 060	061 to 180	181 to 365	366 and over	Total
Battlefords Mental Health Centre	261	109	60	63	56	8	0	0	557
Moose Jaw Mental Health Centre	160	97	51	44	29	6	2	0	389
Prince Albert Mental Health Centre	282	216	116	115	69	11	0	0	809
Regina General Hospital - Adult	218	196	132	162	163	29	3	0	903
Saskatoon City Hospital	74	86	60	87	67	10	0	0	384
Saskatoon Royal University Hospital	214	154	111	125	71	15	0	0	690
Swift Current Mental Health Centre	96	50	34	20	19	4	0	0	223
Weyburn Mental Health Centre	19	26	26	21	23	1	0	0	116
Yorkton Mental Health Centre	70	43	37	39	35	9	1	0	234
Total	**1,394**	**977**	**627**	**929**	**676**	**93**	**6**	**0**	**4,305**

** Length of Stay for adolescent unit is reported by different LOS days (1 day, 2 to 7 days, 8 to 14, 15 to 30, 31 to 61, 62 to 183 and more than 183 days)*

Appropriateness Indicator 2 shows the length of stay in mental health inpatient units. There continues to be a considerable number of individuals in the long-stay category, although the actual numbers went down. The long stay cases need to be reviewed regularly.

Appropriateness Indicator 3: 2004-05 Separations and Average Length of Stay by RHA for Psychiatric and Non-psychiatric Wards (primary and secondary diagnosis)

Regional Health Authority	Non-Psychiatric Wards			Psychiatric Wards		
	Seps	Days	ALOS	Seps	Days	ALOS
Athabasca	37	416	11.22	0	0	0
Cypress	269	3,028	11.26	223	2,497	11.20
Five Hills	138	1,001	7.25	389	4,873	12.53
Heartland*	274	1,778	6.49	0	0	0
Keewatin Yatthe*	77	298	3.87	0	0	0
Kelsey Trail*	276	2,009	7.28	0	0	0
Mamawetan Churchill River*	156	336	2.15	0	0	0
Prairie North	479	4,796	10.01	557	6,183	11.10
Prince Albert Parkland	269	1,899	7.06	809	9,731	12.03
Regina Qu'Appelle	965	8,091	8.38	1,015	18,051	17.78
Saskatoon	1,008	11,220	11.13	1,074	16,091	14.98
Sun Country	292	1,610	5.51	116	1,949	16.80
Sunrise	448	2,847	6.35	234	3,992	17.06
All Health Authorities	**4,688**	**39,329**	**7.54**	**4,417**	**63,367**	**14.35**

* These regions do not operate mental health inpatient units.

Notes

Sources: Mental Health Information System and Hospital Information System.

Psychiatric separation: acute care (level 6) separation with a primary diagnosis from Chapter V of the International Classification of Diseases, Tenth Revision or selected supplementary code **or** separation from any designated psychiatric ward or facility.

Length of stay: separations took place between April 1st and March 31st. Totals are from date of admission to date of discharge and may include days before April 1st.

The table above illustrates the number of persons receiving mental health services in non-psychiatric and psychiatric wards.

The considerable number of separations from general wards with a primary or secondary mental health diagnosis emphasizes the need for mental health staff to work together with family doctors in a shared care or primary health care model.

Appropriateness Indicator 4: Patient Count and Number of Mental Health Contacts (ICD 9: 290-319 Excluding Addiction diagnoses) Provided by Fee-for-Service Psychiatrists and General Practitioners, 2005-2006

Region	Psychiatrists		General Practitioners & Other Specialists	
	Patient Count	Number of Contacts	Patient Count	Number of Contacts
Athabasca	17	103	46	65
Cypress	99	547	3,626	11,980
Five Hills	148	475	5,528	14,141
Heartland	356	1,432	4,305	15,066
Keewatin Yatthé	35	103	730	1,278
Kelsey Trail	338	1,668	4,233	12,170
Mamawetan Churchill River	130	879	951	1,723
Prairie North	492	1,786	6,104	15,885
Prince Albert Parkland	1,540	14,038	8,602	20,221
Regina Qu'Appelle	2,663	13,658	30,642	80,990
Saskatoon*	7,479	40,222	38,917	95,105
Sun Country	485	2,206	4,557	12,239
Sunrise	147	453	5,961	16,027
TOTAL	**13,929**	**77,570**	**114,202**	**296,890**

* Saskatoon region's larger numbers are a reflection of the higher number of psychiatrists available in that region.

During 2005-06 fiscal year, there continued to be a very substantial number of persons receiving services for mental health problems from private practice General Practitioners and Psychiatrists. This is significant in terms of planning for Primary Health Care Teams who will be linking regional health authority mental health services with private practitioners. It should be noted we are listing contacts and in the 2004-205 review it listed services.

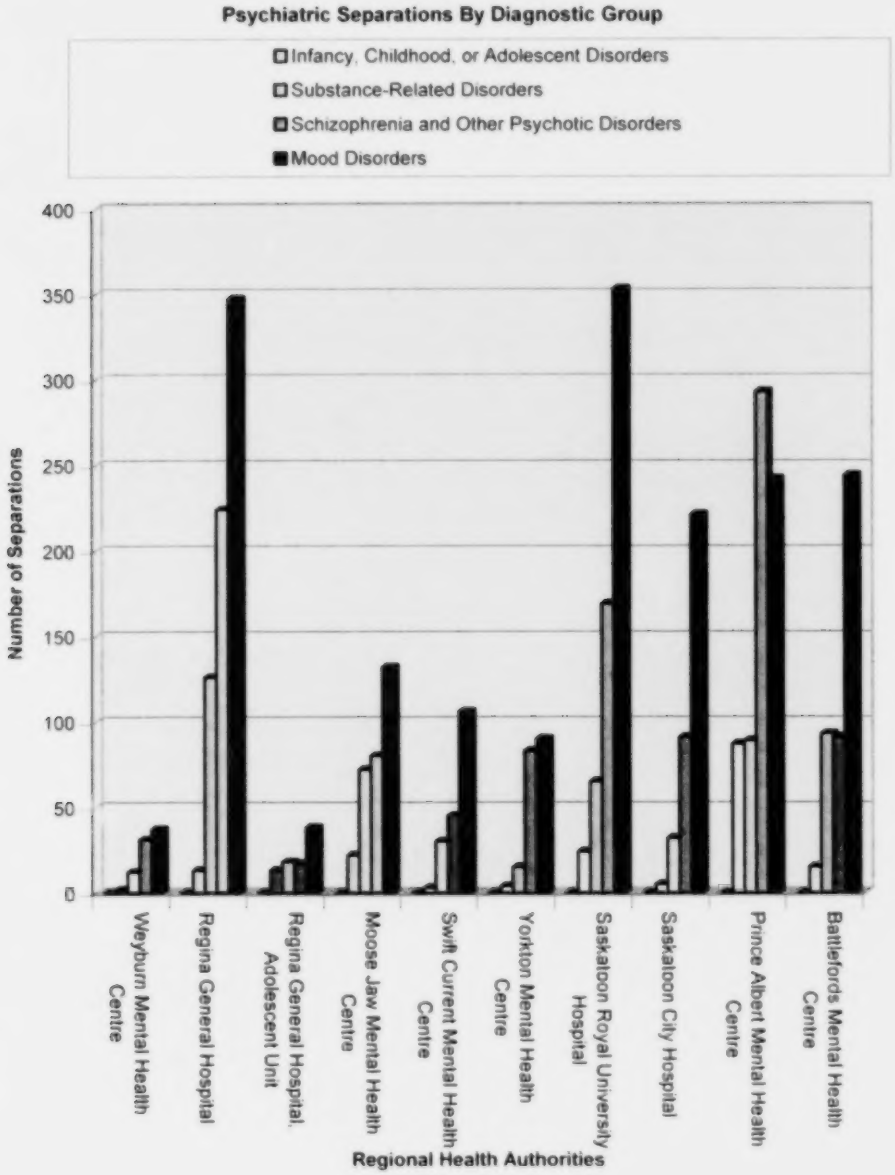
Notes:

1) Mental Health records were selected on the basis of diagnosis, mainly ICD9 290 to 319.
2) Discrete patient counts are not additive across RHAs or specialty of physician.
3) Excludes all out-of-province services.
4) Source: Physician billing data processed through the MSB Claims System on a date of payment basis. Data capture may not be complete for physicians participating in non- fee-for-service arrangements.
5) Patient RHA is based on mailing/correspondence address on the day of service.
6) General Practitioners includes non-certified specialists. Psychiatrists include both Canadian & foreign-certified psychiatrists.

Contact Definition:

A patient contact represents each time the practitioner saw a patient professionally regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services and any professional interpretations of procedures are not considered to be patient contacts.

Appropriateness Indicator 5: Psychiatric Separations by Diagnostic Group, 2004-2005



Sources: Mental Health Information System and Hospital Information System.

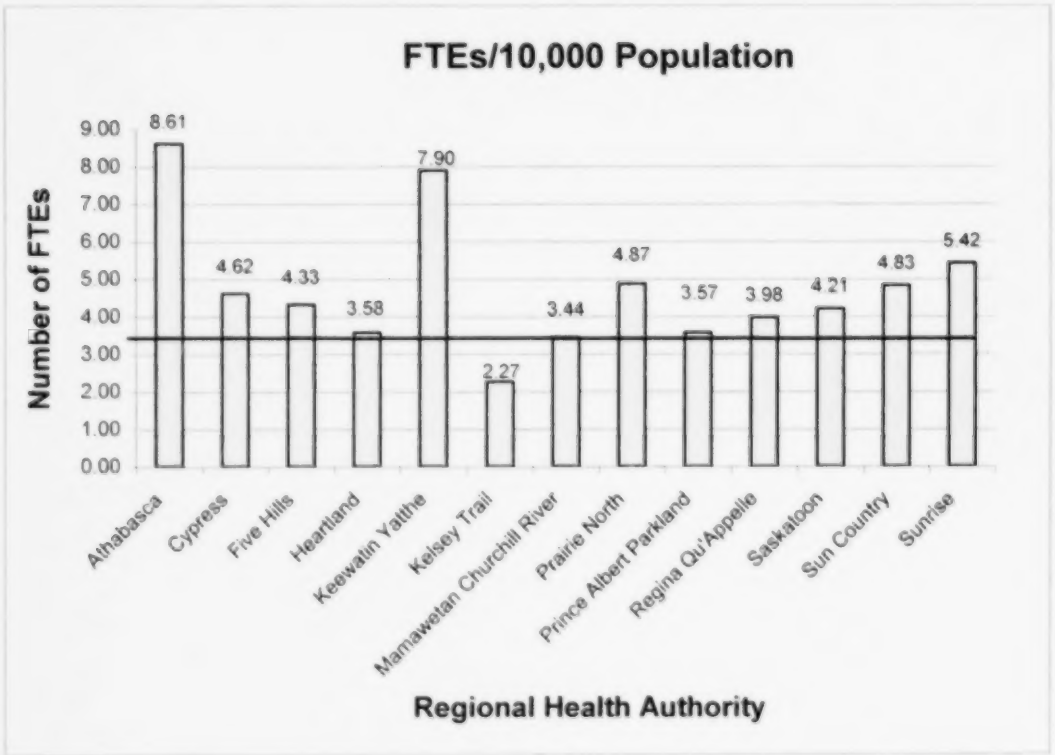
Diagnostic groups: diagnoses are grouped by the major categories contained in the DSM-IV.

The high proportion of separations represented by Mood Disorders and Schizophrenia and other psychotic disorders is in keeping with national data. The relatively high proportion of Substance Abuse Related Disorder separations may need to be examined.

Appropriateness Indicator 6: Number of Regions Above 3.5 FTEs Per 10,000 Pop
11 out of **13** reporting regions are above the minimum standard for number of mental health outpatient staff

This benchmark was created by the Federal/Provincial/Territorial Advisory Committee on Mental Health to the Minister of Health, 2000.

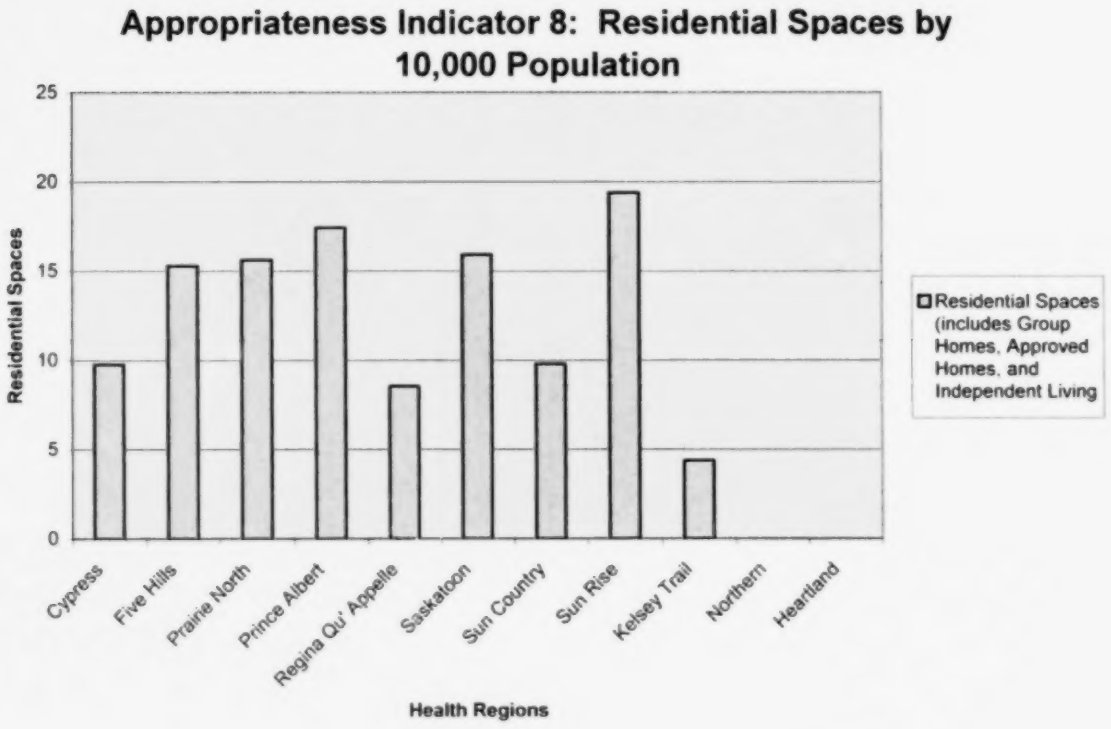
Mental Health Outpatient Staff FTEs by 10,000 Population, 2005-2006



Appropriateness Indicator 7: Residential Placements by Regional Health Authority, 2005/06

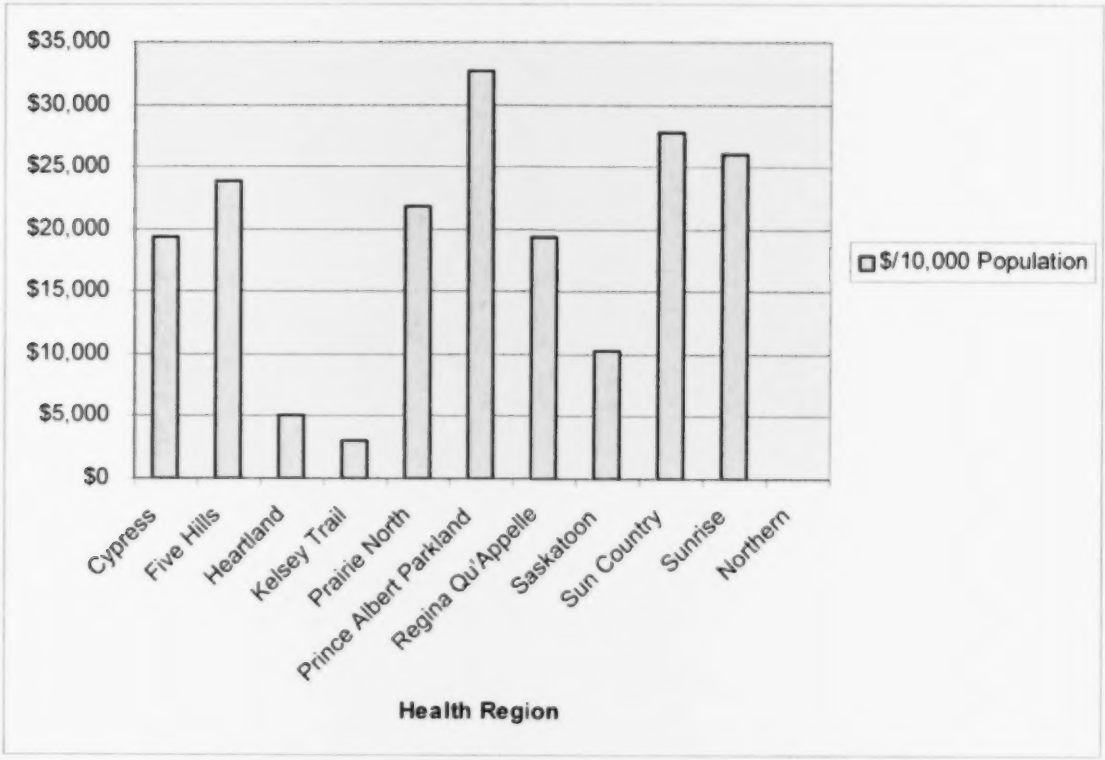
Region	Group Homes		Apartments	Approved Homes		Total Community Beds
	Number	Capacity	Capacity	Number	Approved Capacity	
Cypress			25	4	18	**43**
Five Hills	1	4	31	13	50	**85**
Prairie North	2	10	40	22	59	**109**
PA Parkland	1	8	8	27	98	**114**
Kelsey Trail				5	19	**19**
Regina Qu'Appelle	1	8	77	28	109	**194**
Northern						
Saskatoon	1	5	56	83	378	**439**
Sun Country	1	6	25	3	6	**37**
Sunrise			29	29	84	**113**
Total	**7**	**41**	**291**	**214**	**821**	**1,153**

Notes: Child & Youth Saskatoon – has no group homes or apartments. In 2005/06 Parent therapy homes (13 beds) were operated by Child and Youth Services.


Appropriateness Indicator 8: Residential Spaces by 10,000 Population
Residential Spaces
25
20
15
10
5
0
Cypress
Five Hills
Prairie North
Prince Albert
Regina Qu' Appelle
Saskatoon
Sun Country
Sun Rise
Kelsey Trail
Northern
Heartland
Health Regions
Residential Spaces (includes Group Homes, Approved Homes, and Independent Living

Residential spaces vary considerably across RHAs. **(See Indicator 8 above)** The number and type of spaces may need to be addressed in areas where there are high rates of acute care re-admissions or long stays in acute care. It should be noted that Heartland and the Northern RHAs have no residential situations.

Appropriateness Indicator 9: Pre-Vocational and Vocational Program Dollars/10,000 Population



Vocational and prevocational programs vary considerably across RHA.

Effectiveness

- Care/service, intervention or action achieves desired results

Effectiveness Indicator 1 illustrates multiple admissions to mental health inpatient units. It is important that the vast majority of persons are admitted only once. However, there are a significant number of persons admitted several times. Admitting a person more than once may be an appropriate treatment of individuals with particular problems. Individual regions should review the multiple admissions on a case-by case basis to determine if best practices are being followed.

Effectiveness Indicator 1: Separations from Mental Health Inpatient Units, 2004-2005

Region	One Separation		Two Separations		Three Separations		Four Plus Separations		All Separations	
	Number of Clients	Median Days Stay	Number of Clients	Median Days Stay	Number of Clients	Median Days Stay	Number of Clients	Median Days Stay	Number of Clients	Median Days Stay
Cypress	106	7	32	13	9	5	5	7	**152**	**8**
Five Hills	202	7	43	6	14	6	11	8	**270**	**7**
Prairie North	302	5	61	9	24	9	13	7	**400**	**6**
Prince Albert Parkland	451	7	90	9	30	8	18	7	**589**	**8**
Provincial Psychiatric Rehabilitation	165	22	19	21	2	18	2	21	**188**	**22**
Regina Qu'Appelle	667	11	112	14	30	13	8	7	**817**	**11**
Saskatoon	660	11	105	12	30	13	12	11	**807**	**11**
Sun Country	76	12	14	19	4	12	0	0	**94**	**13**
Sunrise	122	10	32	12	9	15	5	11	**168**	**12**
Total	**2,751**	**10.22**	**508**	**12.78**	**152**	**11**	**73**	**8.78**	**3,485**	

Notes

Sources: Mental Health Information System and Hospital Information System.

Separations: discharges from a psychiatric facility or the designated psychiatric ward of a general hospital.

Days stay: length of stay in days. A same-day separation is counted as one day. Separations took place between April 1st and March 31st. Totals are from date of admission to date of discharge and may include days before April 1st.

Transfers: between the two Saskatoon hospitals are counted as one separation.

Separations by Days Until Re-Admission for 2004-2005

Region	Days until Re-Admission				Total Re-Admissions	No Re-Admissions	Total Clients	% Readmitted
	7 & Under	8-30	31-365	366+				
Sun Country	5	7	24	11	47	69	116	41%
Five Hills	23	41	109	22	205	184	389	53%
Cypress	12	18	59	18	107	116	223	48%
Sunrise	6	19	70	28	123	111	234	53%
Regina Qu'Appelle*	33	60	222	111	426	589	1015	42%
Saskatoon	20	21	198	55	294	780	1074	27%
Prince Albert Parkland	25	72	229	79	405	404	809	50%
Prairie North	31	41	148	30	250	307	557	45%
SHNB	12	14	22	9	57	160	217	26%
Total	**167**	**316**	**1,114**	**401**	**2,040**	**2,535**	**4,575**	**46%**

The above chart provides a more in depth analysis of multiple admissions. It is recommended that re-admissions, especially the 7 days and under, be examined.

Note: Transfers between sites in Saskatoon have not been counted as readmissions.

CHILD & YOUTH PROGRAM HIGHLIGHTS

Action Plan for Children's Mental Health Services 2006-2008

In her report, *It's Time for a Plan for Children's Mental Health* (April, 2004), the Children's Advocate expressed concerns about access, quantity and quality of children's mental health services in Saskatchewan and, therefore, recommended Saskatchewan Health, in consultation with stakeholders, develop and implement a plan to ensure children's mental health services are provided according to what is know about best practices. Saskatchewan Health agreed and subsequently conducted extensive stakeholder consultations on children's mental health services in 2004 and 2005. The stakeholders included Learning, Corrections and Public Safety, Mental Health Services, child psychiatrists, parents of children and youth with mental disorders, Alcohol and Drug Services, primary health care physicians, family physicians, nurse practitioners, public health nurses, Community Resources and Employment, Ranch Ehrlo Society (CBO), Aboriginal services, youth (Aboriginal and non-Aboriginal), adults of an Aboriginal community, Justice, Youth Court judges, and Early Childhood services.

Then in 2006 based on these consultations Saskatchewan Health developed the action plan outlined below which is supported by the Intersectoral Children's Mental Health Services Advisory Committee; Managers of Mental Health and Addictions Services, Regional Health Authorities; and the Government of Saskatchewan that approved funding of $1 million for 2006-07, rising to $2 million (annualized) next year. The plan is expected to be implemented in October 2006.

The plan recognizes that with 15% of children and youth in the population expected to have mental disorders with significant impairment in daily functioning and another 15% expected to be vulnerable to mental health problems, there will not be sufficient mental health professionals to treat all of these children and youth individually in the foreseeable future. Therefore, the plan focuses on building the capacity of the children's mental health services in regional health authorities using a 'multiplier model' to:

- treat children and youth with mental disorders efficiently and effectively;
- support parents/caregivers and other service providers of these *disordered* children and youth to better meet the mental health needs of these children and youth, thereby extending their treatment into the home and community;
- assist parents/caregivers and other service providers of *vulnerable* children and youth to better meet the mental health needs of these children and youth, thereby reducing their risk of becoming disordered and improving their mental health functioning and well-being; and
- assist parents/caregivers, other service providers and the community to continue to met the mental health needs of *resilient* children and youth (who represent approximately 70% of the population), thereby reducing their risk of developing mental health problems or disorders and maintaining their mental health functioning and well-being

Thus over the next two years, the plan is to build children's mental health services capacity by:

- Enhancing preventive intervention in preschool children and their families living in disadvantaged conditions in 15 sites across the province (1.5 FTEs)
- Enhancing intensive intervention in K and Grade 1 students with significant behavioural challenges in North Battleford and Saskatoon (0.5 FTE)

- Implementing an early psychosis intervention program for youth in Southern Saskatchewan (3.4 FTEs)
- Expanding mental health treatment services for children and youth with mental disorders/problems in Kelsey Trail RHA (1.0 FTE)
- Expanding autism intervention services in Regina (2.0 FTEs)
- Expanding mental health specialist consultation (face-to-face and distance) from Regina, Saskatoon and Prince Albert to rural, remote and urban areas (5.0 FTEs)
- Expanding flexible children's mental health outreach services across the province (5.1 FTEs)
- Implementing flexible children's mental health respite services across the province (5.1 FTEs)
- Expanding residential mental health services for children and youth with primary mental disorders who cannot live at home safely in Five Hills, Prairie North and Prince Albert Parkland RHAs (3.0 FTEs)
- Expanding competency training for children's mental health professionals and paraprofessionals in evidence-based practices (0.7 FTE)
- Developing fact sheets to provide information to families on identification, management and resources for mental disorders/problems in children and youth
- Distributing recently published Saskatchewan Health booklet, *Depression and Suicide – What You Need To Know* to organizations that provide services to youth
- Researching and implementing measures of mental health outcomes of children and youth receiving mental health services
- Developing and enhancing partnerships with other sectors and organizations providing services and supports to children, youth and families

This translates into a growing investment over the past decade and a half. Saskatchewan Health now provides funding of $14 million annually for Children's Mental Health Services and related mental health services in regional health authorities. More specifically, since the early 1990s the staffing for Child and Youth Mental Health Services in regional health authorities has increased by 84% from 108.5 to 199.3 FTEs. The increases have been in the following areas over time:

Areas	Increase in FTEs (Estimates) By		
	Early 1990's	2004-05	2006-07
Suicide Intervention/Prevention		8	
Offending Youth Assessment/Treatment		20	
Disruptive Behaviour Treatment		1	
At Risk Child and Youth Intervention		5	1
Coordinated Behaviour Management		11	
Early Psychosis Intervention			3.4
Mental Health Specialist Consultation			5
Residential Treatment Services			3
Outreach & Respite Services			10.2
Parenting Education		0.5	
Early Childhood Prevention Intervention		11	1.5
Early Childhood Intensive Intervention		4	0.5
Autism Assessment/Treatment/Intervention		3	2
Professional & Paraprofessional Training			0.7
Total	108.5	63.5	27.3
GRAND TOTAL	**108.5**	**172**	**199.3**

Child and Youth Service Utilization

Child & Youth Inpatient Separations, 2004-05 (Ages 0 – 19)

Region	Psychiatric Ward Separations	Non-Psychiatric Ward Separations	
	Separations	Primary	Secondary
Athabasca	N/A	5	0
Cypress	25	6	1
Five Hills	23	19	5
Heartland	N/A	5	4
Keewatin Yatthe	N/A	2	0
Kelsey Trail	N/A	7	1
Mamawetan Churchill River	N/A	17	1
Prairie North			
Battlefords Mental Health Centre	45	14	4
Saskatchewan Hospital NB	4	0	0
Prince Albert Parkland	165	19	0
Regina Qu'Appelle Adolescent Ward	156	16	0
Adult Ward	14	8	0
Saskatoon	74	33	19
Sun Country	2	11	2
Sunrise	22	10	1
Total	**530**	**172**	**38**

In general, Statistics Canada reports that youth underutilize mental health services. Of the total 7,188 separations for mental health primary or secondary diagnosis, individuals between the ages of 0 – 18 account for 798, or 11% whereas Child and Youth represent 27% of the population.

Child and Youth Outpatient Psychiatrist and G.P. Services for Mental Health and Addiction Reasons by Diagnosis, 2005-06

Diagnosis	Age Group	Clients	Contacts	Diagnosis	Age Group	Clients	Contacts
Anxiety and Related Disorders (ICD9 – 300)	00 - 04	210	218	**Alcohol and Drug Dependence (ICD9 – 303-305)**	00 - 04	19	52
	05 - 09	360	425		05 - 09	5	5
	10 - 14	782	1,089		10 - 14	165	239
	15 - 19	2,679	4,067		15 - 19	1,156	2,279
	Total	**4,031**	**5,799**		**Total**	**1,345**	**2,575**
Depressive Disorder (ICD9-296 & 311)	00 - 04	17	16	**Conduct Disorder (ICD9-312)**	00 - 04	551	933
	05 - 09	64	153		05 - 09	1,186	2,852
	10 - 14	487	995		10 - 14	1,654	4,613
	15 - 19	2,362	5,350		15 - 19	1,062	2,865
	Total	**2,930**	**6,514**		**Total**	**4,453**	**11,263**
Attention Deficit Disorder (ICD9-314)	00 - 04	79	143	**All Mental Health Diagnoses (ICD9-290-319)**	00 - 04	1,151	1,768
	05 - 09	932	2,541		05 - 09	2,521	6,748
	10 - 14	1,373	3,612		10 - 14	4,118	11,987
	15 - 19	864	2,239		15 - 19	7,138	19,939
	Total	**3,248**	**8,535**		**Total**	**14,928**	**40,442**

Private GPs and psychiatrist continue to provide considerable mental health and addiction services to children and youth in 2005-06.

Notes 1) Excludes all out-of-province services.

2) Discrete patient counts are not additive across diagnoses.

3) Source: Physician billing data processed through the MSB Claims System on a date of payment basis. Data capture may not be complete for physicians participating in non- fee-for-service arrangements.

4) Patients are assigned only one age grouping in a fiscal year.

Contact Definition:

A patient contact represents each time the practitioner saw a patient professionally regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services and any professional interpretations of procedures are not considered to be patient contacts.

Outpatient Child and Youth FTE's and number of clients, 2005-2006

Region	% of Region Population (Age 0-19)*	Child & Youth FTE	New Clients	Wait Time[3]
Athabasca	45.2%	N/A	N/A	N/A
Cypress	25.2%	8.5	205	2-4wks
Five Hills	24.5%	N/A	230	4-6weeks
Heartland	25.8%	5.4	198	Bigger: <2wks Kindersley: 2-4wks Rosetown: <2wks
Keewatin Yatthe	42.2%	1.0	71	N/A
Kelsey Trail	26.4%	N/A	151	Melfort: 2-4wks Tisdale: 2-4wks Nipawin: 2-4wks
Mamawetan Churchill River	44.1%	N/A	94	N/A
Prairie North	32.5%	10.2	633	Lloydminster:9-12wks North Battleford:2-4wks
Prince Albert Parkland	30.5%	11.2	456	5-8wks
Regina Qu'Appelle	26.0%	42.3	1,002	Regina: 4wks Rural: 2-4wks
Saskatoon	26.3%	59.9	1,070	Humboldt: <2wks Lanigan: 2-4wks Rosthern: <2wks Saskatoon: 2-4wks
Sun Country	25.6%	8.0	376	Weyburn: <2wks Estevan: 2-4wks
Sunrise	23.0%	11.0	315	Melville/Esterhazy: 2-4wks Canora: 2-4wks Yorkton: 2-4wks
Total	**27.2%**	**157.5**	**4,801**	**N/A**

[1] General – Child and Youth services in these regions are delivered by general mental health staff.
2 Athabasca Child & Youth services are also provided by other staff.
3 Wait times are for non-emergent service

The number of child and youth FTE's and clients vary considerably between regions. 2005-06 saw an increase of approximately 400 clients.

Mental Health Appendices

Appendix 1: Mental Health Services Separations (Excluding SHNB) (Including Adolescent Unit) by Health Region of Residence and Place of Service For the Period of April 1, 2004- March 31, 2005

Region of Residence	Place of Service								Total Region Separations
	Weyburn	Moose Jaw	Swift Current	Regina	Yorkton	Saskatoon	Prince Albert	North Battleford	
Athabasca	0	0	0	0	0	1	16	0	17
Cypress	1	9	196	5	0	6	0	9	226
Five Hills	1	336	2	16	0	1	0	11	367
Heartland	0	2	7	2	0	67	1	38	117
Keewatin Yatthe	0	0	0	0	0	2	9	52	63
Kelsey Trail	0	0	1	2	1	13	138	4	159
Mamawetan Churchill River	0	0	1	0	0	3	89	8	101
Prairie North	3	0	0	2	2	16	6	396	425
Prince Albert Parkland	0	2	0	0	0	23	484	25	534
Regina Qu'Appelle	6	11	5	889	5	10	8	34	968
Saskatoon	1	1	2	22	21	885	44	82	1,058
Sun Country	100	7	0	21	2	2	0	6	138
Sunrise	1	1	0	8	197	8	0	14	229
Out of Province / Unknown	3	20	9	48	6	36	14	76	212
Total Separations	**116**	**389**	**223**	**1,015**	**234**	**1,074**	**809**	**774**	**4,634**

Notes:

Data sources: Mental Health Information System and Hospital System.

Separations: data include separations from inpatient facilities that took place between April 1st and March 31st inclusive.

Appendix 2: Mental Health Human Resources
Budgeted Positions for Inpatient Mental Health Units, 2005-2006

Position	Cypress	Five Hills	Prairie North	Prince Albert Parkland	Regina Qu'Appelle	
	Swift Current	Moose Jaw	Battlefords	Prince Albert	Adolescent Psychiatric Unit	General Hospital
Out of Scope Managers	1.0	1.0	0	1.0	0.5	3.0
Nurses***	8.21	13.4	14.0	30.99	9.88	65.61
LPNs	0	0	0	0	0	7.91
Psych Attendants/Sitters	5.3	6.4	5.1	16.28	8.89	6.74
Social Workers	0	0	0	0	1.0	3.0
Psychologists	0	0	0	0	1.0	0
Therapies *	0	1.5	0	1.0	1.02	4.5
Support **	0.5	0.8	1.0	1.19	0.63	3.71
Psychiatrists†	0	0	0	0	0	0
Total	**15.01**	**11.1**	**20.1**	**50.46**	**22.92**	**94.47**

Position	Saskatoon		Sun Country	Sunrise	Provincial	
	City Hospital	Royal University Hospital	Weyburn	Yorkton	Saskatchewan Hospital: North Battleford	Grand Total
Out of Scope Managers	1.0	1.0	1.0	1.0	6	**13.5**
Nurses	16.1	37.7	7.13	12	63.81	**278.83**
LPNs	4.6	0	0	0	6.1	**18.61**
Psych Attendants/Sitters	1.5	1.0	8.05	5.8	68.14	**133.2**
Social Workers	1.0	2.0	0	0	6.0	**13.0**
Psychologists	0	0	0	0	3.0	**4.0**
Therapies *	1.0	1.0	1.0	0	29.75	**40.77**
Support **	2.5	3.4	0	0.8	9.53	**24.06**
Psychiatrists†	0	0	0	0	3	**3.0**
Total	**27.7**	**46.1**	**17.18**	**19.6**	**195.33**	**528.97**

* Therapies - recreation therapists/aide, assessor/coordinator, mental health therapist, occupational therapist. For Regina, this also includes CDE, group nurse, ECT program staff and day hospital coordinator.

** Clerical, unit clerks, schedulers.

*** For Regina this includes unit coordinators.

†Psychiatrists are shown in with outpatient FTE numbers.

Appendix 3– A: Budgeted Positions for Mental Health Outpatient Units, 2005-2006

Region	Social Workers	Psychologists	Psychiatrists	RN/RPN	Therapists	OOS Managers	Admin.	Other	Total
Athabasca	0	0	0	0	0.5	1.0	0	0	**1.5**
Cypress	10.8	2.0	2.0	5.9	0	0	0	0	**20.7**
Five Hills	9.0	2.0	3.0	5.4	2.0	2.0	5.2	2.6	**31.2**
Heartland	9.4	0	0	5.4	0	0	0	1.0	**15.8**
Keewatin Yatthé	0	0	0	1.0	4.0	0	0	4.0	**9.0**
Kelsey Trail	3.6	1.0	0	4.2	1.0	0.5	0	0	**10.3**
Mamawetan	5.0	0	0	2.0	0	0.5	0	0	**7.5**
Prairie North	15.3	3.0	4.0	8.0	3.2	4.0	9.5	2.0	**49.0**
Prince Albert Parkland	8.6	5.0	4.0	8.0	2.2	5.0	4.00	0	**27.8**
Regina Qu'Appelle	30.0	22.0	10.7	13.0	11.68	11.05	15.96	4.5	**116.19**
Saskatoon	34.69	20.45	3.5	40.17	23.60	10.45	23.2	3.0	**159.06**
Sun Country	11.0	3.0	2.0	8.0	1.0	0	0	1.0	**26.0**
Sunrise	10.6	3.0	4.0	10.6	3.0	3.0	7.3	0	**41.5**
Total	**147.99**	**61.45**	**33.20**	**101.67**	**52.18**	**37.5**	**65.16**	**18.1**	**518.25**

Appendix 4 – B: Budgeted Position for Mental Health Outpatient Units by Program, 2005-2006

Region	Adult	Child &Youth	Rehabilitation	General	Psychiatry	Total
Athabasca	N/A	N/A	N/A	2.0	N/A	2.0
Cypress	5.5	8.5	4.4	0	2	**20.4**
Five Hills	0	0	8.0	13.0	3	**24**
Heartland	5.0	5.4	5.4	0	0	**15.8**
Keewatin Yatthé	0	1.0	0	8.0	0	**9.0**
Kelsey Trail	0	1.0	4.2	4.6	0	**9.8**
Mamawetan Churchill River	0	0	0	7.5	0	**7.5**
Prairie North	8.3	10.2	9.0	4.0	4.0	**35.5**
Prince Albert Parkland	4.6	11.2	8.0	0	4.0	**27.8**
Regina Qu'Appelle	13.0	42.3	18.5	13.68	10.7	**98.18**
Saskatoon	21.65	60.89	33.25	3.12	3.5	**122.41**
Sun Country	6.0	8.0	8.0	2.0	2.0	**26.0**
Sunrise	9.6	11.0	6.6	0	4.0	**31.2**
Total	**73.65**	**159.49**	**105.35**	**57.9**	**33.2**	**429.59**

Appendix 5: Regional and Provincial Funding to HCOs, 2005-2006

Region	Agency Name	Program	2004-05	2005-06	$ Increase	% Increase
Cypress	McKerracher Support Ser.	*Independent Living	97,000	99,929	2,929	3.0%
	CMHA - Swift Current	Pre-voc/Voc	83,938	86,473	2,535	3.0%
Five Hills	Thunder Creek Rehab. Assoc.	*Group Home	208,807	215,113	6,306	3.0%
	Thunder Creek Rehab. Assoc.	Apartment Living	68,786	70,863	2,077	3.0%
	Thunder Creek Rehab. Assoc.	*Apartment Living	57,476	59,212	1,736	3.0%
	CMHA - Moose Jaw	Pre-voc/Voc	128,572	132,455	3,883	3.0%
Heartland	CMHA - Kindersley	Pre-Vocational	21,638	22,291	653	3.0%
	Bridgepoint Centre for Eating Disorders		350,000	358,600	8,600	2.5%
Kelsey Trail	Nipawin Comm. Centre	Pre-Vocational	6,576	6,775	199	3.0%
	CMHA - Melfort	Pre-Vocational	6,322	6,385	63	1.0%
Prairie North	CMHA - North Battleford	Pre-Vocational	118,298	121,871	3,573	3.0%
	Edwards Society Inc.	*Supportive Living	17,682	18,216	534	3.0%
	Libbie Young	*Apartment Living	69,771	71,878	2,107	3.0%
	Edwards Society Inc.	Apartment Living	14,049	14,473	424	3.0%
	Edwards Society Inc.	*Group Home	235,530	242,643	7,113	3.0%
	Libbie Young	*Group Home	216,625	223,167	6,542	3.0%
	Portage Vocational	Vocational	55,294	56,964	1,670	3.0%
Prince Albert Parkland	SHARE	*Group Home	252,181	259,797	7,616	3.0%
	CMHA - P.A.	Independent Living	37,693	38,831	688	1.8%
	SHARE	Vocational	152,643	157,253	4,610	3.0%
	CMHA - P.A.	Pre-vocational	92,600	95,397	2,797	3.0%
Regina Qu'Appelle	CMHA - Regina	Pre-vocational/Voc	349,347	359,897	10,550	3.0%
	Mobile Crisis Services Inc.	Crisis Management	273,211	281,462	8,251	3.0%
	Phoenix Residential Society	Apartment Living	144,323	148,682	4,359	3.0%
	Phoenix Residential Society	*Apartment Living	97,854	100,809	2,955	3.0%
	Phoenix Residential Society	Dual Diagnosis	327,471	337,361	9,890	3.0%
	Phoenix Residential Society	*Group Home	321,183	330,883	9,700	3.0%
	funds moved to CMHA - Regina (formerly By Ourselves)	Pre-Vocational	0	0	0	0.0%
	Phoenix Residential Society	Vocational	113,157	116,574	3,417	3.0%
	Autism Resource Centre	Autism	229,235	236,158	6,923	3.0%
	Rainbow Youth Centre	Child & Youth	166,316	171,339	5,023	3.0%
Saskatoon	CMHA - Saskatoon	Pre-voc/Voc	136,611	140,737	4,126	3.0%
	Saskatoon Crisis	Crisis Management	301,149	310,244	9,095	3.0%
	Saskatoon Housing Coalition	Apartment Living	174,512	179,782	5,270	3.0%
	Saskatoon Housing Coalition	*Group Home	233,304	240,350	7,046	3.0%
	Saskatoon Housing Coalition	*Group Home (now SALP)	153,890	158,537	4,647	3.0%
	Crocus Co-operative	Pre-Vocational	150,430	154,973	4,543	3.0%
	Saskatoon Society for Autism	Autism	103,499	106,625	3,126	3.0%
Sun Country	Weyburn Group Homes	*Group Home	144,176	148,530	4,354	3.0%
	SMILE - Estevan	Pre-Vocational	47,031	48,451	1,420	3.0%
	CMHA - Weyburn	Pre-voc/Voc	98,849	101,834	2,985	3.0%
Sun Rise	CMHA - Yorkton	Pre-voc/Voc	88,754	91,434	2,680	3.0%
	S.I.G.N.	Apartment Living	18,433	18,990	557	3.0%
	S.I.G.N.	*Independent Living	115,296	118,778	3,482	3.0%
	S.I.G.N.	Vocational	58,157	59,913	1,756	3.0%
		TOTAL	**6,137,669**	**6,320,929**	**182,810**	**3.0%**

* CBOs previously funded by Dept. of Community Resources and Education (DCRE)

Appendix 6: Saskatchewan Hospital North Battleford Patient Statistics Forensic Unit versus All other Units 2005-2006

Measure	Forensic	Psychiatric Rehab
Rated Bed Capacity	N/A	N/A
Beds Set Up	24	132
First Admissions	110	20
Readmissions	61	17
Total Admissions	171	37
Average Age on Admission	30.55	46.55
Average Age of Inpatients	31.5	49.27
Discharges	175	39
Deaths	0	1
Total Separations	175	40
Average Length of Stay		
Discharges	24.9	2343.3
Deaths	N/A	1946
Average Length of Stay: Inpatients: Mar 31	748	4111
Legal Status - as of March 31		
Section 17	2	98
Section 23 (a)-R	6	1
Section 23 (a)-RB	5	22
Section 24	0	7
Competency - as of March 31		
Competent Patients	13	98
Incompetent Patients	0	30
Age of Inpatient Population		
Under 30	5	17
30 - 39	5	10
40 - 49	2	38
50 - 64	1	48
65 & over	0	15
Patients on Books - as of March 31	13	120

Appendix 7: Saskatchewan Hospital North Battleford Admission Statistics by Health Region, 2005-2006

Rehabilitation Admissions to SHNB per Region	Forensic	Psychiatric Rehab
Cypress	5	1
Five Hills	4	1
Regina Qu'Appelle	28	11
Prairie North	32	13
Prince Albert Parkland	26	2
Saskatoon	51	6
Sun Country	2	2
Sunrise	14	1
Keewatin Yatthe	3	0
Kelsey Trail	6	0
Out-of-Province	0	0
Total	**171**	**37**

Appendix 8: BridgePoint Center for Eating Disorders, 2005-2006

BridgePoint is the only centre in Saskatchewan dedicated to eating disorders. Combined Adult and Adolescent residential days offered were 131. BridgePoint's team remains consistent with 7.32 FTEs, which includes full time and part time employees and contract workers.

Region	Discrete Adult		Adult Admissions
	Clients	Family/ Friends Participants	
Athabasca	N/A	N/A	N/A
Cypress	4	1	6
Five Hills	2	0	2
Heartland	2	5	12
Keewatin Yatthe	0	0	0
Kelsey Trail	2	2	4
Mamawetan Churchill River	2	0	2
Prairie North	2	1	6
Prince Albert Parkland	3	5	11
Regina Qu'Appelle	16	30	45
Saskatoon	20	28	54
Sun Country	2	4	9
Sunrise	1	0	3
Out of Province	9	6	11
Unknown	0	0	0
Total	**65**	**82**	**165**

Region	Discrete Adolescent		Adolescent Admissions
	Clients	Family/ Friends Participants	
Athabasca	N/A	N/A	N/A
Cypress	0	0	0
Five Hills	1	2	1
Heartland	1	1	1
Keewatin Yatthe	0	0	0
Kelsey Trail	0	0	0
Mamawetan Churchill River	0	0	0
Prairie North	3	6	3
Prince Albert Parkland	1	3	2
Regina Qu'Appelle	1	1	1
Saskatoon	4	8	5
Sun Country	1	2	1
Sunrise	3	6	3
Out of Province	0	0	0
Unknown	0	N/A	N/A
Total	**15**	**29**	**17**

BridgePoint Discrete Client Demographic Information 2003-2006

Type of Client	2003-2004	2004-2005	2005-2006
Adult Clients	95	81	65
Family/Friend Participants	60	122	82
Adolescent Clients	0	13	17
Family/Friend Participants Adolescent	8	32	31

Average Age of Adult Clients	Number 2003-04	Percent 2003-04	Number 2004-05	Percent 2004-05	Number 2005-06	Percent 2005-06
15-19	11	12%	14	17%	9	14%
20-24	14	15%	19	24%	19	29%
25-29	10	11%	9	11%	7	11%
30-34	6	6%	5	6%	3	5%
35-39	5	5%	7	9%	5	8%
40-44	15	16%	11	14%	5	8%
45-50	6	6%	6	7%	12	19%
Over 50	8	8%	6	7%	5	8%
Unknown	20	21%	4	5%	0	0%
Total	**95**	**100%**	**81**	**100%**	**65**	**100%**
Referral Diagnosis	**Number 2003-04**	**Percent 2003-04**	**Number 2004-05**	**Percent 2004-05**	**Number 2005-06**	**Percent 2005-06**
Anorexia – Restricting	9	9%	18	22%	12	19%
Anorexia - Binge /Purging	11	12%	13	16%	12	19%
Bulimia – Purging	13	14%	20	25%	23	35%
Bulimia - Non Purging	1	1%	1	1%	1	2%
Binge Eating	7	7%	6	7%	3	5%
Compulsive Eating	0	0%	0	0%	3	5%
Incomplete/Inaccurate	11	12%	0	0%	0	0%
ED Not Otherwise Specified	6	6%	7	9%	12	19%
Other*	8	8%	7	9%	3	5%
Unknown	29	31%	9	11%	7	11%
Total	**95**	**100%**	**81**	**100%**	**76**	**100%**

Note: Participants may have more than one diagnosis and "other" diagnosis

Number of Years With Disorder	2004-2005		2005-2006	
	Number of Clients	Percent	Number of Clients	Percent
1-4	49	24%	17	26%
5-9	15	19%	10	15%
10-14	8	10%	8	13%
15-19	8	10%	9	14%
20-24	7	9%	2	3%
25+	20	25%	18	28%
Unknown	4	5%	1	2%
Total	**81**	**100%***	**65**	**100%***

April 2005 to March 2006		
Concurrent Diagnosis	**Number**	**Percent**
Depression	37	57%
Substance Abuse/Dependence	7	11%
Borderline Personality Disorder	2	3%
Adjustment Disorder	0	0%
ADD/ADHD	1	2%
Posttraumatic Stress Disorder	2	3%
Multiple Personality Disorder	0	0%
Dissociative Identity Disorder	3	5%
Anxiety	14	22%
Hypothyroidism	0	0%
Obsessive Compulsive Disorder	4	6%
Gambling	0	0%
Avoidant Personality Disorder	0	0%
Schizophrenia	1	2%
Trichotillomania	1	2%
TOTAL	**57**	**70%**

Note: Participants may have more than one concurrent diagnosis

In 2005-06, BridgePoint worked with 17 adolescents, aged 13-17, and their families (parents and siblings) members (31).

31% of people have been living with an eating disorder for more than 20 years. People living with concurrent diagnosis was reported frequently, the most common being depression at 57%.

Alcohol and Drug Services Program Review

Introduction

As part of this year's mental health services program profile, a profile of Alcohol and Drug Services (ADS) available in the province is presented. Much like the broad continuum of care available in the mental health sector, many options are also available for individuals and families seeking assistance with substance abuse and addiction issues.

Program Overview

Saskatchewan Health funds a full range of alcohol and drug recovery services. These services include detoxification, inpatient treatment, long-term residential services (halfway houses), outpatient treatment (counselling and rehabilitation), and day treatment. Individuals can access alcohol and drug services (ADS) in every Saskatchewan health region. In addition to providing direct counselling and intervention services, many agencies are involved in alcohol and drug awareness and prevention programs. ADS are provided on a continuum of community-based care and are not necessarily all available through a specific agency within a health region.

Saskatchewan has the highest rate of alcohol dependence (4.0% or approximately 31,000 aged 15+) and alcohol abuse (8.5% or approximately 64,000 aged 15+) amongst the provinces according to the *Canadian Community Health Survey, Mental Health and Well-being* (Statistics Canada, 2002). By comparison, 4.0% of Saskatchewan residents report a major depressive episode in the past 12 months. Illicit drug dependence rates for Saskatchewan (0.8% or approximately 6,000 aged 15+) is approximately equal to the Canadian average.

Including the Métis Addictions Council of Saskatchewan Inc (MACSI) and the St Louis Impaired Driver Treatment Program, there are 271 provincially funded residential treatment beds in approximately 50 outpatient centres. In 2004/05 there were 7,224 admissions to inpatient, day patient and family week programs for a total of 65,937 patient days. In addition, there were 14,950 admissions to outpatient services.

In 2004/05 approximately 14% of admissions to alcohol and drug services are for youth under the age of 19. Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Prince Albert Parkland, Saskatoon, Sunrise, Cypress, Heartland, and Regina Qu'Appelle Regional Health Authorities provide specialized outpatient services for youth and their families.

The Calder Centre Adolescent Program in Saskatoon is Saskatchewan's provincial resource for youth residential treatment services. Twelve beds are devoted to inpatient treatment of youth plus six beds for youth stabilization and detox. Of these 12 beds, nine are geared toward services for chemically dependent youth referred through provincial addiction services. Three beds are targeted to high need youth, usually referred through the Department of Community Resources and Employment. Calder Centre is staffed by a multi-disciplinary clinical team to provide 24-hour chemical dependency recovery services.

Health Region staff identified a number on issues (access, wait times, services for youth) that were also identified in the *Healthy Choices in a Health Community Report* (Addley) and addressed by the *Project Hope* initiatives.

Alcohol and Drug Issues and Concerns		
Regional Health Authority	**Area**	**Comments:**
SASKATOON:	Calder Centre	• Retention and recruitment of qualified Addiction Counsellors. Accessibility to Inpatient Youth Detox and Treatment Services has improved due to interim Project Hope initiatives.
	Rosthern/Wakaw	• Crystal Meth is a problem for youth as it is readily available in this area. • Wait times for Safe Driving Program clients.
	Community Addiction Services	• Balancing resources for treatment with community education and development.
	Lanigan	• Working effectively with the youth population in both treatment and community/school primary prevention.
	Humboldt	• Pay equity between Health Region and HCO staff • Resourcing Population Health Promotion Strategy around Substance Use and Abuse
HEARTLAND		• Balancing client access with demands on staff travel. • Staff have concerns that there has been a considerable amount of emphasis placed on crystal meth; however, they are seeing little of crystal meth, but a greater increase in the use of higher grade marijuana, crack cocaine and of course, alcohol use is still the most abused substance.

MAMAWETAN		• Access to detox/stabilization services for youth
SUNRISE:		• Detox access
CYPRESS		• Detox & in-patient treatment access • Increase outreach.
REGINA QU'APPELLE	Grenfell:	• Delivering services in rural setting
PA/PARKLAND		• Access to detox/stabilization services for youth • Transportation issues • Crystal Meth and ecstasy use is high.
SUN COUNTRY		• Increased demand for services to youth throughout the region as well as increased requests for school based presentations.
KEEWATIN/ YATTHE		• Increase of clients at the NWADC with drug addictions problems versus other years when most people seen had issues with alcohol.
ATHABASCA		• Training for addictions workers • Programs for special populations (justice, youth) • Recreation and housing challenges
FIVE HILLS		• Increase in concurrent disorders and clients on our inpatient Mental Health unit with substance abuse issues.

Provincial

Project Hope

Since August 2005, Saskatchewan Health has been leading the implementation of *Premier's Project Hope*, a broad, interdepartmental initiative to address provincial substance abuse issues. Through *Project Hope*, the Premier has committed the government to a better future for all citizens of the province. It is a future where every child has the best possible chance of growing up free of addiction, in Saskatchewan's communities, families and homes.

Project Hope enlists a multitude of communities, health care services, law enforcement agencies and educational programs in a concerted and sustained effort to prevent substance abuse and to lessen its harm to individuals and families. Project Hope initiatives include treatment that is more accessible and flexible for those who need it; it accounts for coordinating our efforts and improving our knowledge so that communities can receive the best tools available to service our clients; and to make it more difficult to manufacture and sell drugs in our province. The Regional Health Authorities have been instrumental in developing a framework and implementing the plan towards achieving the *Project Hope* initiatives.

The government is committing $18.2 million of new annual provincial funding for Project Hope and Secure Care. This marks an approximate 70 per cent budget increase for addiction prevention and treatment.

Since last year the new Alcohol and Drug Prevention and Education Directorate has been created within Saskatchewan Health. Their mandate is to expand awareness and prevention of substance abuse issues. The Directorate has been:

- developing and enhancing traditional prevention resources as well as making available additional resources for our communities.
- supporting the Population Health Promotion Strategy work undertaken by the Regional Health Authorities to decrease substance use and abuse, and enhancing mental well being;
- providing central support and coordination of professional development and education; and
- assisting Continuing Medical Education to organize a training session for physicians regarding assessing patient's substance use.

Saskatchewan Health along with many stakeholders are in the process of re-developing the current treatment model to reflect best practices, building in strong and flexible support for individuals and families at the community level. This Project Hope initiative will enhance our commitment to provide a full range of quality alcohol and drug programs that are based on best practice research to support people in their homes and their communities.

A new Research Chair at the University of Saskatchewan has been created to increase our knowledge of substance abuse issues. Saskatchewan is renewing our commitment to collecting data and conducting research to enhance our service delivery of substance abuse treatment and prevention.

On February 10th, 6 interim youth stabilization beds in Saskatoon were announced; they were available for use on February 13th. A permanent facility will be available in 2007.

A family treatment centre will be developed in Saskatoon. This facility will offer inpatient care for those with children.

Northern communities will be able to access treatment through a Mobile Treatment service for youth. Program planning is underway and should be operationalized before the end of 2006.

Plans are underway to double the social detox capacity in Prince Albert from six to 12 beds.

Prince Albert Parkland Regional Health Authority has 6 interim youth treatment beds open at the Pineview Youth Centre, while the Prince Albert Grand Council moves forward with Saskatchewan Health and the Prince Albert Parkland Regional Health Authority to construct a 15-bed treatment unit for the province.

Regina Qu'Appelle Regional Health Authority continues to work on 2 major projects, the Drug Treatment Court and a Brief Detox-Homelessness Shelter. The Drug Treatment Court will be open to clients in October 2006.

A number of the prevention/health promotion positions that were developed for each health region are now in place. This will be an excellent network of individuals dedicated to the prevention of substance abuse and the promotion of mental health, at the determinants of health level.

Additional Methadone Counsellors have been added to Prince Albert and Saskatoon's existing staff.

There will be an increase in outreach services in all Regional Health Authorities.

Project Hope will also make funding available to develop community supports to the Regional health Authorities, which may include transitional housing for youth and adults or respite services for families with substance-abusing youth.

The Project Hope initiatives are designed to build on the excellent foundation already laid by dedicated substance abuse professionals, counsellors and services. It is the goal that over the next three years Saskatchewan will move towards providing a strong continuum of care for those requiring substance abuse/addiction services.

Secure Care:

In December 2005, the Saskatchewan Legislature passed the *Youth Drug Detoxification and Stabilization Act* which supports a strategy for engaging and treating drug addicted youth who are resistant to voluntary services. The legislation focuses on meeting the needs of 12 - 17 year old youth who are substance users/abusers/chemically dependent; at risk (or danger) to themselves or others; resistant to interventions; challenging for professionals to engage in services; and typically not served on a voluntary basis.

The *Youth Drug Detoxification and Stabilization Act* allows for involuntary detoxification and stabilization through an order by two physicians for a period up to five days, with the possibility of an extension for a maximum of two additional five-day periods. Community orders for up to 30 days can also be issued by physicians under the *Act*.

Involuntary detoxification/stabilization will serve as a measure of last resort for parents, legal guardians and judges when it is believed that a youth's substance use has damaged their decision-making ability to the point they present a risk to their own safety or the safety of others.

The Act was proclaimed April 1, 2006.

Alcohol & Drug Programs

Outpatient

Outpatient service agencies are the starting point for families and individuals concerned about their own or others' use of alcohol or other drugs. Most people with substance use problems can be adequately helped on an outpatient basis. Outpatient services are available in every health region. Qualified addictions rehabilitation counsellors provide a whole range of services, including assessments, intensive one-on-one and group counselling, education and support. While attending outpatient appointments, clients continue to carry on with their day-to-day activities, such as working, school and caring for the family.

Program Components:

Outpatient Service to chemically dependent persons and collaterals:	
♦ intervention	♦ motivational assessment
♦ individual, family and group counselling	♦ recovery planning
♦ relapse prevention	♦ introduction to self-help groups
♦ referrals	

Detoxification

For people with more severe substance use problems, recovery often begins in a detoxification facility. Staff at these facilities work to provide a safe and comfortable environment, in which the client is able to undergo the process of alcohol and other drug withdrawal and physical stabilization. Usually detoxification lasts seven to ten days. During this time, clients may be required to attend self-help groups and participate in activities held at the facility

Detox Program Components	
♦ safe and supportive environment for withdrawal from alcohol and other drugs	♦ client linkage to recovery programming and other services
♦ support for activities of daily living	

Brief Detoxification

Brief Detox programs provide a safe place for persons to stay for a short period of time (12-48 hours) to stabilize and recover from serious intoxication or drug abuse and/or stabilize physically, emotionally and socially. Supportive counselling and follow up referrals are also provided.

Brief Detox Program Components	
♦ management of acute intoxification episodes	♦ safe and supportive environment for withdrawal from alcohol and other drugs
♦ client linkage to social detox and other services	

Inpatient/Daypatient

Inpatient and daypatient programs offer activities similar to those of outpatient services, but on a more structured and intensive basis, with clients attending on a daily basis and staying in residence for inpatient programs. Programs usually last about four weeks but may run longer depending on individual needs.

Inpatient Program Components	
♦ caring, healthy, supportive and drug-free environment	♦ motivational assessment process
♦ concentrated education, small group therapy, individual counselling	♦ recreation
♦ self-evaluation and individualized recovery, skill building and planning	♦ educational and therapeutic materials for clients
♦ stress management, relaxation	♦ relapse prevention
♦ self assessment, development of individual recovery goals	♦ nutrition
♦ orientation to self-help groups	♦ referrals and follow-up planning

Long Term Residential

Many people with substance use problems also require assistance in other life areas. Long-term residential facilities provide services for a more extended period (approximately three months) to individuals recovering from chemical dependency and addiction.

Long Term Residential Program Components	
♦ caring, healthy, supportive and drug free environment	♦ counselling
	♦ relapse prevention
♦ education	♦ life skills training

Indicators of Quality Alcohol and Drug Services

Accessibility

-Ability of clients/patients to obtain care/service at the right place and right time based on need.

Accessibility Indicator 1: Wait Times for Addiction Services (Non- Emergent), 2004-2006

Region	Location	Outpatient		Inpatient Adult*		Inpatient Youth		Detox Adult	
		04-05	05-06	04-05	05-06	04-05	05-06	04-05	05-06
Athabasca	Stony Rapids	1-2wks							
Cypress	Swift Current	<2wks	<2wks						
	Maple Creek	<2wks	<2wks						
Five Hills	Assiniboia	2-4wks	2-4 wks						
	Moose Jaw	2-4wks	2-4wks						
	Moose Jaw - Angus Campbell Detox							>1wk	>1wk
Heartland	Wilkie	2-4wks	<2wks						
	Rosetown	2-8wks	2-4wks						
	Kindersley	2-4wks	2-4wks						
Keewatin Yatthé	Buffalo Narrows	1 wk	1 wk						
	Ille-a-la-Crosse	1 wk	1 wk						
	Beauval Clinic	1 wk	1 wk						
	Beauval ARES	1 wk	1 wk						
	La Loche	1 wk	1 wk						
	Northwest Centre			1 wk	<2wks				
Kelsey Trail	Melfort	2-4wks	2-4wks						
	Nipawin	2-4wks	2-4wks						
	Cumberland House - Pine Island	<2wks	<2wks						
	Hudson Bay Assessment & Resource Services	<2wks	<2 wks						
	Tisdale	2-4wks	2-4wks						
Mamawetan Churchill River	La Ronge	<2wks	<2wks						
	Pine House Health Ctr.	<2wks	<2wks						
	Creighton CADAC	<2wks	<2wks						
	Wicihitowin	<2wks	<2wks						
	La Ronge Health Centre		<2wks					<2wks	<2wks
	La Ronge Inpatient & Detox			<4wks	<4wks				

Region	Location	Outpatient		Inpatient Adult*		Inpatient Youth		Detox-Adult	
		04-05	05-06	04-05	05-06	04-05	05-06	04-05	05-06
	Maidstone	2-4wks	2-4wks						
	North Battleford	2-4wks	1-2wks						
	Lloydminster - Slim Thorpe	2-4wks	1-2wks						
	Meadow Lake - Robert Simard Ctre.	2-4wks	1-2wks						
	Lloydminster - Slim Thorpe							>mos	1 wk
Prairie North	North Battleford - Hopeview			>mos	5-8wks				
	Prince Albert - PACADA	5-8wks	2wks						
Prince Albert Parkland	Prince Albert - ADS	2wks	>2wks				<2wks		
	Spiritwood	2wks	>2wks						
	Grenfell	2-4wks	2-4wks						
	Regina	<2wks	<2wks						
	Fort Qu'Appelle	1-2wks	1-2wks						
	Regina Recovery Homes							4 days	4days
Regina Qu'Appelle	Indian Head Pine Lodge			6 wks	6wks				
	Rosthern	2-4wks	4-8wks						
	Humboldt George Bailey Ctr.	2-4wks	2-4wks						
	Saskatoon	2-4wks	1-2wks						
	Lanigan	2-4wks	2-4wks						
	Saskatoon Larson House							<24hrs	<24hrs
	Brief Detox							<24hrs	<24hrs
Saskatoon	Saskatoon Calder Centre			2-4wks	2-4wks	2-4wks	2-4wks		
	Weyburn	<2wks	1 wk						
	Estevan	<2wks	1-2wks						
Sun Country	Kipling/M.M.Drug & Alcohol Rehab.	<2wks	1 wk						
	Canora	<2wks	<2wks						
	Yorkton Parkland	<2wks	<2wks						
	Yorkton ADS	<2wks	<2wks						
Sun Rise	Melville Saul Colen	<2wks	<2wks						
Provincial Programs									
MACSI	Prince Albert	<1wk		<1wk				<1wk	
	Regina	<1wk		<1wk					
	Saskatoon	<1wk		<1wk					
St. Louis	Prince Albert								

The wait times for Alcohol and Drug Services are shorter than mental health wait times, although there are a few areas where wait times exceed four weeks. Detox is considered emergent care and wait times should not exceed 1 – 2 days, although they appear to in some instances.

Accessibility Indicator 2: Demographics for Alcohol and Drug Service Clients, 2004-2005

Region	Male		Female		Total Number
	Number	%	Number	%	
Athabasca	31	86%	5	14%	36
Cypress	415	63%	24	37%	657
Five Hills	817	69%	265	31%	1,182
Heartland	405	76%	128	24%	533
Keewatin Yatthé	491	66%	258	34%	749
Kelsey Trail	570	64%	327	36%	897
Mamawetan Churchill River	610	62%	381	38%	991
Prairie North	1,316	67%	653	33%	1,969
Prince Albert Parkland	1,409	60%	948	40%	2,357
Regina Qu'Appelle	3,454	64%	1,915	36%	5,369
Saskatoon	3,708	62%	2,238	38%	5,946
Sun Country	668	71%	275	29%	943
Sunrise	672	63%	396	37%	1,068
TOTAL	**14,556**	**64%**	**8,131**	**34%**	**22,697**

Region	Youth (<19)		Adult (19+)		Total Number
	Number	%	Number	%	
Athabasca	3	8%	33	92%	36
Cypress	154	23%	502	77%	656
Five Hills	223	19%	959	81%	1,182
Heartland	161	30%	372	70%	533
Keewatin Yatthé	111	15%	640	85%	751
Kelsey Trail	125	14%	773	86%	898
Mamawetan Churchill River	118	12%	873	88%	991
Prairie North	295	15%	1,681	85%	1,976
Prince Albert Parkland	314	13%	2,043	87%	2,537
Regina Qu'Appelle	667	12%	4,701	88%	5,368
Saskatoon	655	11%	5,290	89%	5,945
Sun Country	118	13%	824	87%	942
Sunrise	207	19%	862	81%	1,069
TOTAL	**3,151**	**14%**	**19,553**	**85%**	**22,704**

The percentage of youth, women and pregnant clients admitted to treatment is a good proxy indicator of the accessibility of treatment programs.

Review of the Canadian Community Health Survey (Statistics Canada, 2002) revealed that Saskatchewan had the highest rate of self-reported alcohol dependence. 4.0% of the sample surveyed reported alcohol dependence, 73% of this population were male. It appears that women are not under-represented in alcohol and drug treatment services, however, this 27% does not include prescription or drug dependence.

Region	Female	Pregnant	% Pregnant
Athabasca	5	0	0%
Cypress	242	4	2%
Five Hills	365	2	1%
Heartland	128	2	2%
Keewatin Yatthé	258	12	5%
Kelsey Trail	327	16	5%
Mamawetan Churchill River	381	22	6%
Prairie North	653	25	4%
Prince Albert Parkland	948	54	6%
Regina Qu'Appelle	1,915	86	4%
Saskatoon	2,238	94	4%
Sun Country	275	7	3%
Sunrise	396	37	9%
TOTAL	**8,131**	**361**	**4%**

The percentage of youth decreased by 1% in 2005-06. There has been no increase in access for youth. Youth ages 10 – 19 make up 15.5% of the provincial population. Project Hope is providing funding for additional counsellors to provide assessment, referral, counselling, case management, and outreach services to the at-risk youth population.

The same historical trend applies to women, who comprise 32-34% of the service population. The proportion of pregnant women accessing services has remained steady at 4%, despite provincial policy encouraging priority access. Project Hope will develop a family treatment centre that will offer inpatient care for people with children.

Accessibility Indicator 3: Saskatchewan Health Funded Residential Services for Service Type, Location, and Number of Beds, 2004-2006

Service Type/Location	2004 - 2005	2005 – 2006
Detoxification		
Five Hills (Angus Campbell)	20	20
Mamawetan (La Ronge Health Centre)	4	4
Prairie North (Slim Thorpe)	2	2
Regina Qu'Appelle (Regina Detox)	24	24
Regina Qu'Appelle (Secure Youth Detox)*	N/A	6
Saskatoon (Brief Detox Unit)	12	12
Saskatoon (Larson Intervention)	18	19
Saskatoon (Youth Stabilization	N/A	6
Total Detoxification Beds	**80**	**93**
Inpatient		
KeewatinYatthe (NW Rehab Ctr)	14	14
Mamawetan Churchill River (La Ronge Health Centre)	4	4
Prairie North (Slim Thorpe)	5	5
Regina Qu'Appelle (Pine Lodge)	23	23
Saskatoon (Calder Centre): Adult	32	32
Saskatoon (Calder Centre): Youth	12	12
PA Parkland (Youth Interim Facility)*	N/A	0
Total Inpatient Beds	**90**	**90**
Long-Term Residential Services		
North Battleford (Hopeview)	9	9
Total Long-Term Residential Services Beds	**9**	**9**
Prince Albert - MACSI	16	16
Prince Albert (MACSI)-Detox	6	6
Regina – MACSI	12	12
Saskatoon – MACSI	15	15
Saskatchewan Impaired Driver Treatment Program	30	30
TOTAL ALCOHOL AND DRUG BEDS	**258**	**271**

* Opened April, 2006

There are 271 regional health authority and community-based treatment beds for youth and adult clients located throughout the province.

It is apparent that inpatient, detoxification, and long-term residential services are not evenly distributed and missing in some areas but more study would have to be conducted to determine the impact on persons needing services. (See Indicator 3)

Accessibility Indicator 4: Region of Residence by Location of Service, 2004-2005

- Because not every RHA has inpatient and detox services these services should be considered provincial or at least broader regional resources. The following tables indicate the accessibility levels of these services to residents who live outside the region.

	Inpatient Region of Service					
Region of Residence	**Keewatin Yatthe**	**Mamawetan Churchill River**	**Prairie North**	**Regina Qu'Appelle**	**Saskatoon**	**Total**
Athabasca	1	2	0	0	0	3
Cypress	0	0	3	15	32	50
Five Hills	0	0	2	2	70	74
Heartland	0	0	6	8	22	36
Keewatin Yatthé	102	0	1	0	25	128
Kelsey Trail	0	0	1	12	37	50
Mamawetan Churchill River	9	71	0	3	36	119
Prairie North	1	0	36	2	81	120
Prince Albert Parkland	7	5	13	7	63	95
Regina Qu'Appelle	1	0	5	138	132	276
Saskatoon	1	0	22	45	203	271
Sun Country	0	0	1	38	15	54
Sunrise	0	0	2	29	27	58
Total	**122**	**78**	**92**	**299**	**743**	**1,334**
Percentage of Clients from "home" RHA	**84%**	**91%**	**39%**	**46%**	**27%**	

Region of Residence	Detox Region of Service					
	Five Hills	Mamawetan Churchill River	Prairie North	Regina Qu'Appelle	Saskatoon	Total
Athabasca	0	2	0	1	3	6
Cypress	16	0	0	13	3	32
Five Hills	165	0	1	11	5	182
Heartland	4	0	6	4	21	35
Keewatin Yatthé	1	1	2	4	22	30
Kelsey Trail	7	0	4	11	21	43
Mamawetan Churchill River	1	72	0	1	15	89
Prairie North	7	1	97	6	66	177
Prince Albert Parkland	27	4	9	16	42	98
Regina Qu'Appelle	267	0	5	959	27	1,258
Saskatoon	175	0	14	66	1,310	1,565
Sun Country	35	0	0	16	2	53
Sunrise	20	0	1	56	12	89
TOTAL	**725**	**80**	**139**	**1,164**	**1549**	**3,657**
Percent of Clients from "home" RHA	**23%**	**90%**	**70%**	**82%**	**85%**	

With a few exceptions most residential programs (other than the Calder Centre and Angus Campbell) appear to have largely local or regional catchment areas rather than provincial.

Acceptability

- Care/service provided meets expectations of client, community, providers and paying organizations

Indicator 1: Health Region Expenditures on Addictions Services, 2005-2006

Region	Actual Expenditure Addiction Services	Actual Expenditure Addiction Services (Out-Patient)	Actual Expenditure Addiction Services (In-Patient)	Total Population	$/10,000 Population (Out-Patient)
Athabasca	$484,686	$484,686	N/A	2,323	$2,086,466
Cypress	$416,644	$416,644	N/A	44,201	$94,261
Five Hills*	$1,046,908	$324,936	$721,972	55,476	$58,572
Heartland	$323,548	$323,548	N/A	44,124	$73,327
Keewatin Yatthé *	$1,145,845	$478,143	$667,702	11,396	$419,571
Kelsey Trail	$489,529	$489,529	N/A	43,204	$113,306
Mamawetan Churchill River*	$1,289,727	$1,027,754	$261,973	21,771	$472,075
Prairie North*	$1,514,274	$855,827	$658,447	72,834	$117,504
Prince Albert Parkland	$1,415,502	$1,415,502	N/A	77,847	$181,831
Regina Qu'Appelle*	$4,621,717	$3,014,338	1,607,379	246,877	$122,099
Saskatoon*	$3,658,101	$2,158,589	$1,499,512	289,645	$74,525
Calder	$3,106,352				
Sun Country	$329,127	$329,127	N/A	53,839	$61,132
Sunrise	$568,676	$568,676	N/A	57,543	$98,826
TOTAL	**$20,410,636**	**$13,494,678**	**$3,809,606**	**1,021,080**	**$4,038,603**

* In general, variation in per capita funding reflects variation in severity of problems in comparable region. Also, these regions include residential services that are utilized by clients from other regions. When comparing funding between regions it is necessary to look at the utilization by region of residence (see page 63).

Acceptability Indicator 2: MACSI and Saskatchewan Impaired Driving Program Funding (in Dollars) provided by Saskatchewan Health, 2005-2006

Funding Area	Actual Funding
MACSI Core, Fieldworkers & Youth Program	$755,000
MACSI Prince Albert	$780,000
MACSI Regina	$488,000
MACSI Saskatoon	$393,000
Saskatchewan Impaired Driving Program	$786,000
TOTAL	**$3,202,000**

Appropriateness

- Care/service provided is relevant to client/patient needs and based on established standards.

Appropriateness Indicator 1: Addiction Services Full-Time Equivalents (FTEs) by Health Region, 2004-2006

Region	Outpatient				Residential*				Safe Driving		Total		2006 FTEs per 10,000 Population
	Adult		Youth		Adult		Youth						
	04-05	05-06	04-05	05-06	04-05	05-06	04-05	05-06	04-05	05-06	04-05	05-06	
Athabasca	N/A	N/A	N/A	0					N/A	N/A	N/A	**10.0**	44
Cypress	2.5	2.5	3.0	3.0					0.5	0.5	6.0	**6.0**	1.36
Five Hills	1.5	2.0	1.0	1.0	9.8	9.8			1.5	1.5	13.8	**14.3**	2.58
Heartland	3.0	5.0	1.0	0					0.8	0	4.8	**5.0**	1.13
Keewatin Yatthé	6.4	6.0			3.0	3.0			1.0	1.0	10.4	**10.0**	8.78
Kelsey Trail	5.7	5.7							0.7	0.7	6.4	**6.4**	1.48
Mamawetan Churchill River	8.0	8.0	1.0	1.0	5.3	5.3			1.0	1.0	15.3	**15.3**	7.03
Prairie North	7.1	7.1	3.4	3.4	10.3	10.3			2.8	2.8	23.6	**23.6**	3.24
Prince Albert Parkland	3.5	2.0	4.0	7.25					3.6	2.0	11.1	**11.25**	1.45
Regina Qu'Appelle	25.8	20.0	3.0	3.8	32.3	**23.0			N/A*	0.65	61.1	**47.5**	1.92
Saskatoon	10.8	13.5	5.0	6.0	39.8	39.8	16.0	16.0	7.3	8.4	78.9	**83.7**	2.89
Sun Country	4.3	3.3	1.0	1.5					1.5	1.5	6.8	**6.3**	1.17
Sunrise	3.9	3.5	1.1	2.0					1.5	1.5	6.5	**7.0**	1.22
Total	**82.5**	**78.6**	**23.5**	**28.95**	**100.5**	**91.2**	**16.0**	**16.0**	**22.2**	**21.6**	**244.7**	**246.35**	**2.41**

* Residential FTEs include Long Term Residential, Detox and Inpatient/Daypatient FTEs.

** Recovery Manor closed in the fall of 2004.

There are no established standards in Addictions Services regarding FTEs/population ratio. However, the standard for Mental Health outpatient FTEs is 3.5 FTEs/10,000 population. Over 44% of the FTEs in Alcohol and Drug Services are dedicated to residential and day services, indicating a continuing heavy reliance on these services.

Youth access to services has been identified as a priority area across Saskatchewan. Project Hope will fund additional youth counsellors, outreach teams, youth stabilization and treatment beds (including secure care), and community supports.

Only a small portion of the Project Hope budgeted FTEs are accounted for here. When fully implemented there will be 150 FTEs.

Appropriateness Indicator 2: High-risk Clients' Injection Drug Use by Health Region, 2004-2005

Region	Total Admissions to Alcohol and Drug Services	Total Injection Drug users Injected in Last 12 Months	% of Clients who have Injected Drugs
Athabasca	36	0	0%
Cypress	657	15	2%
Five Hills	1,182	117	10%
Heartland	533	19	4%
Keewatin Yatthe	752	47	6%
Kelsey Trail	898	43	5%
Mamawetan Churchill River	991	56	6%
Prairie North	1,977	110	6%
Prince Albert Parkland	2,358	408	17%
Regina Qu'Appelle	5,369	1,135	21%
Saskatoon	5,949	1,076	18%
Calder			
Sun Country	943	35	4%
Sunrise	1,069	108	10%
TOTAL	**22,174**	**3,169**	**14%**

The utilization of addictions services for new and chronic injection drug users increased 2.5% from last year. There remains potential for improving high-risk clients' better access to services.

To facilitate the high-risk populations' access to services Project Hope will fund two multi-service outreach teams to provide including home visiting, school and neighbourhood outreach, crisis intervention, and addictions services.

Appropriateness Indicator 3: Addictions Services Utilization by Health Region and Programs, 2004-2005

Region	Approved Bed Capacity	Admissions	Patient Days	Average Daily Census	Occupancy Rate	Percent Change
Detox Services						
Five Hills	20	735	6,363	17.4	87.2%	3.3%
Mamawetan Churchill River	4	804	817	2.2	56.0%	15.6%
Prairie North [1]	2	142	870	2.4	119.2%	63.0%
Regina Qu'Appelle*	25	1,181	7,297	20.0	80.0%	-4.6%
Saskatoon - Detox	18	1,124	6,551	17.9	99.7%	-0.5%
Saskatoon – Brief Detox	12	451	970	8.0	66.8%	N/A
Total	**81**	**3,713**	**22,868**	**62.7**	**77.3%**	**-10.0%**
Inpatient Services						
Keewatin Yatthe	14	129	1,823	5.0	33.3%	-32.6%
Mamawetan Churchill River	4	78	1,443	3.9	98.2%	23.9%
Prairie North	5	92	1,674	4.6	91.7%	29.0%
Regina Qu'Appelle	23	325	7,180	19.7	85.5%	6.1%
Saskatoon – Calder Adult	32	443	8,871	24.3	78.4%	-3.1%
Saskatoon – Calder Youth*	12	307	3,564	9.8	81.4%	17.9%
Total	**90**	**1,374**	**15,674**	**42.9**	**72.8%**	**0.3%**
Long-Term Residential Services						
Prairie North	9	42	2,624	7.2	79.9%	-1.5%
Regina Qu'Appelle**	12	34	1,334	7.3	60.7%	-19.1%
Total	**21**	**76**	**3,958**	**10.8**	**51.6%**	**-33.5%**
Daypatient Services						
Five Hills	N/A	49	1,012	N/A	N/A	N/A
Mamawetan Churchill River	N/A	92	2,038	N/A	N/A	N/A
Regina Qu'Appelle	N/A	17	525	N/A	N/A	N/A
Saskatoon	N/A	5	87	N/A	N/A	
Total	**N/A**	**163**	**3,662**	**N/A**	**N/A**	**N/A**
Family Week Services						
Regina Qu'Appelle	N/A	624	1,843	N/A	N/A	N/A
Keewatin Yatthe	N/A	29	124	N/A	N/A	N/A
Total	**N/A**	**653**	**1,967**	**N/A**	**N/A**	**N/A**
Detox Services						
MACSI Detox – P.A.	6	322	1,994	5.5	91.1%	32.1%
Total	**6**	**322**	**1,994**	**5.5**	**91.1%**	**32.1%**
Inpatient Services						
MACSI Inpatient – P.A.	16	157	3,465	9.5	59.3%	-5.3%
MACSI Inpatient – Regina	12	150	2,685	7.4	61.3%	23.8%
MACSI Inpatient- Saskatoon	15	133	2,889	7.9	52.8%	56.6%
St. Louis	30	483	6,775	18.6	61.9%	-10.2%
Total	**73**	**923**	**15,814**	**43.3**	**59.4%**	**10.7%**
Total Inpatient Services	**271**	**7,224**	**65,937**			

Notes:
[1] Saskatchewan funded beds.
* Does not include youth detox or stabilization beds.
**12 beds closed October 2004

Because of seasonal variations in demands for service, program intake cycles and other factors, full occupancy cannot be expected for residential facilities. However, occupancy rates of under 80% for detoxification and 70% for inpatient indicate a possibility of excess capacity.

Admissions to Outpatient Services by Health Region, 2004-2005

Region	Outpatient	Methadone	IDTP	SGI Referrals	Total
Athabasca	0	0	0	0	**0**
Cypress	337	0	0	114	**451**
Five Hills	475	0	1	178	**654**
Heartland	216	0	0	94	**310**
Keewatin Yatthe	437	0	0	50	**487**
Kelsey Trail	424	0	1	166	**591**
Mamawetan Churchill River	440	0	0	116	**556**
Prairie North	870	0	11	411	**1,292**
Prince Albert Parkland	866	68	21	328	**1,283**
Regina Qu'Appelle	1,976	104	8	742	**2,830**
Saskatoon	1,960	96	0	805	**2,861**
Sun Country	431	0	3	217	**651**
Sunrise	455	0	2	183	**640**
Region Total	**8,887**	**268**	**47**	**3,404**	**12,606**
MACSI Prince Albert	235	0	0	0	**235**
MACSI Regina	233	0	0	0	**233**
MACSI Saskatoon	269	0	0	0	**269**
Grand Total	**9,624**	**268**	**47**	**3,404**	**13,343**

[b] IDTP refers to Impaired Driving Treatment Program.
[c] SGI refers to the Safe Driving Program.

Individual Service Hours by Health Region, 2004-2005

Region	1 to 5 Hours* Number	%	6 to 10 Hours Number	%	11 to 20 Hours Number	%	Over 20 Hours Number	%	Total
Athabasca	0	0%	0	0%	0	0%	0	0%	**0**
Cypress	221	84%	34	13%	7	3%	1	0.4%	**263**
Five Hills	564	88%	64	10%	12	2%	1	0.2%	**641**
Heartland	219	90%	22	9%	1	0.4%	0	0%	**242**
Keewatin Yatthe	205	68%	73	24%	24	8%	0	0%	**302**
Kelsey Trail	327	68%	128	27%	19	4%	8	2%	**482**
Mamawetan Churchill River	525	83%	79	13%	22	2%	5	0.8%	**631**
Prairie North	745	79%	175	19%	21	2%	3	0.3%	**944**
Prince Albert Parkland	913	88%	106	10%	17	2%	1	0.1%	**1,037**
Regina Qu'Appelle	2,401	90%	131	5%	37	1%	85	3%	**2,654**
Saskatoon	1,769	90%	165	8%	31	2%	5	0.3%	**1,970**
Sun Country	413	66%	161	26%	38	6%	13	2%	**625**
Sunrise	388	76%	91	18%	29	6%	4	0.8%	**512**
TOTAL Region	**8,690**	**84%**	**1,229**	**12%**	**258**	**3%**	**126**	**1%**	**10,303**
MACSI Prince Albert	2	67%	0	0%	0	0%	1	33%	**3**
MACSI Regina	96	87%	12	11%	3	3%	0	0%	**111**
MACSI Saskatoon	234	87%	30	11%	1	0.4%	3	1%	**268**
GRAND TOTAL	**9,022**	**84%**	**1,271**	**12%**	**262**	**3%**	**130**	**1%**	**10,685**

* This includes SGI screenings.

Group Service Hours by Health Region, 2004-2005

Region	1 to 5 Hours Number	%	6 to 10 Hours Number	%	11 to 20 Hours Number	%	Over 20 Hours Number	%	Total
Athabasca	0	0%	0	0%	0	0%	0	0%	**0**
Cypress	8	24%	22	65%	4	12%	0	0%	**34**
Five Hills	150	71%	5	2%	13	6%	43	20%	**211**
Heartland	14	15%	76	84%	1	1%	0	0%	**91**
Keewatin Yatthe	31	50%	4	6%	5	8%	22	35%	**62**
Kelsey Trail	55	71%	15	19%	6	7%	1	1%	**77**
Mamawetan Churchill River	16	12%	7	5%	18	13%	96	70%	**137**
Prairie North	188	66%	21	7%	46	16%	29	10%	**284**
Prince Albert Parkland	523	76%	92	13%	34	5%	44	6%	**693**
Regina Qu'Appelle	585	75%	49	6%	87	11%	64	8%	**785**
Saskatoon	1,031	79%	175	13%	49	4%	53	4%	**1,308**
Sun Country	38	79%	8	17%	2	4%	0	0%	**48**
Sunrise	134	71%	42	22%	7	4%	5	3%	**188**
TOTAL Region	**2,773**	**71%**	**516**	**13%**	**272**	**7%**	**357**	**9%**	**3,918**
MACSI Prince Albert	0	0%	0	0%	0	0%	0	0%	**0**
MACSI Regina	12	52%	7	30%	2	9%	2	9%	**23**
MACSI Saskatoon	14	67%	7	33%	0	0%	0	0%	**21**
GRAND TOTAL	**2,799**	**71%**	**530**	**14%**	**274**	**7%**	**359**	**9%**	**3,962**

* This includes SGI screenings.

Most people (approximately 84% of the outpatient population) receive 1 to 5 hours of service per admission. For high-risk, multi-problem clients, brief interventions many not be most appropriate and require additional hours of service.

Inpatient Separations with Primary and Secondary Diagnoses of Alcoholism or Drug Abuse, 2004-2005

Region	Type	Primary Diagnosis		Secondary Diagnosis	Total
		General Ward	Psychiatric Ward	Number of Separations	
	Alcohol	5	0	2	7
	Drug	1	0	0	1
Athabasca	**Total**	**6**	**0**	**2**	**8**
	Alcohol	56	17	13	86
	Drug	5	13	6	24
Cypress	**Total**	**61**	**30**	**19**	**110**
	Alcohol	17	36	5	58
	Drug	0	41	2	43
Five Hills	**Total**	**17**	**77**	**7**	**101**
	Alcohol	40	0	9	49
	Drug	3	0	2	5
Heartland	**Total**	**43**	**0**	**11**	**54**
	Alcohol	20	0	3	23
Keewatin	Drug	6	0	0	6
Yatthe	**Total**	**26**	**0**	**3**	**29**
	Alcohol	25	0	25	50
	Drug	6	0	5	11
Kelsey Trail	**Total**	**31**	**0**	**30**	**61**
Mamawetan	Alcohol	51	0	53	104
Churchill	Drug	4	0	4	8
River	**Total**	**55**	**0**	**57**	**112**
	Alcohol	47	37	61	145
Prairie	Drug	22	56	42	120
North	**Total**	**69**	**93**	**103**	**265**
Prince	Alcohol	47	29	29	105
Albert	Drug	25	61	21	107
Parkland	**Total**	**72**	**90**	**50**	**212**
	Alcohol	107	63	86	256
Regina	Drug	38	86	58	182
Qu'Appelle	**Total**	**145**	**149**	**144**	**438**
	Alcohol	89	29	100	218
	Drug	17	69	49	135
Saskatoon	**Total**	**106**	**98**	**149**	**353**
	Alcohol	45	9	10	64
Sun	Drug	11	3	0	14
Country	**Total**	**56**	**12**	**10**	**78**
	Alcohol	51	10	26	87
	Drug	13	5	10	28
Sunrise	**Total**	**64**	**15**	**36**	**115**
	Alcohol	**600**	**230**	**422**	1,252
	Drug	**151**	**334**	**199**	684
All Regions	**Total**	**751**	**564**	**621**	**1,936**

Using ICD9 Diagnostic Codes: 291, 292 and 303 for Alcohol related Diagnosis

Using ICD9 Diagnostic Codes: 304 and 305 for Drug related Diagnosis

Patient Count and Number of Alcohol Related Diagnosis (ICD 9: 291 & 303) Provided by Fee-for-Service Psychiatrists and General Practitioners, 2005-2006

Region	Psychiatrists		General Practitioners & Other Specialists	
	Patient Count	Number of Contacts	Patient Count	Number of Contacts
Athabasca	0	0	8	12
Cypress	0	0	120	456
Five Hills	0	0	141	270
Heartland	7	12	95	314
Keewatin Yatthé	1	8	124	300
Kelsey Trail	10	38	132	389
Mamawetan/Churchill River	6	27	183	345
Prairie North	5	30	240	572
Prince Albert Parkland	51	116	511	981
Regina Qu'Appelle	28	116	877	2,008
Saskatoon*	136	479	1,214	2,939
Sun Country	4	10	101	300
Sunrise	1	2	150	365
TOTAL	**249**	**838**	**3,896**	**9,251**

This table confirms that there is a high rate of concurrent disorders. There also appears to be good access to psychiatric wards for people with substance abuse problems. It also reinforces the need for collaboration. The total numbers may be low, due to possible under-reporting.

It appears that people with concurrent drug dependency disorders tend to go to Mental Health rather that addictions services. Those with alcohol dependency issues go to psychiatric wards and end up with more General Practitioner involvement. (See table on page 30 for mental health patient counts)

Patient Count and Number of Drug Related Diagnosis (ICD 9: 292, 304 & 305) Provided by Fee-for-Service Psychiatrists and General Practitioners, 2005-2006

Region	Psychiatrists		General Practitioners & Other Specialists	
	Patient Count	Number of Contacts	Patient Count	Number of Contacts
Athabasca	0	0	4	7
Cypress	1	1	191	347
Five Hills	1	4	391	1,378
Heartland	2	4	192	482
Keewatin Yatthé	2	2	103	194
Kelsey Trail	4	9	264	535
Mamawetan Churchill River	10	30	214	593
Prairie North	10	29	412	908
Prince Albert Parkland	34	143	1,004	4,824
Regina Qu'Appelle	32	74	3,033	17,135
Saskatoon*	194	585	3,168	13,434
Sun Country	1	2	226	502
Sunrise	2	3	349	1,367
TOTAL	**293**	**886**	**9,551**	**26,308**

Notes: 1) Mental Health records were selected on the basis of diagnosis, mainly ICD9 290 to 319.
2) Discrete patient counts are not additive across RHAs or specialty of physician.
3) Excludes all out-of-province services.
4) Source: Physician billing data processed through the MSB Claims System on a date of payment basis. Data capture may not be complete for physicians participating in non- fee-for-service arrangements.
5) Patient RHA is based on mailing/correspondence address on the day of service.
6) General Practitioners includes non-certified specialists. Psychiatrists include both Canadian- & foreign-certified psychiatrists.

Contact Definition:
A patient contact represents each time the practitioner saw a patient professionally regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services and any professional interpretations of procedures are not considered to be patient contacts.

PROBLEM GAMBLING SERVICES

Introduction

Since April 1, 1994, Saskatchewan Health, in co-operation with health districts/regions and community-based organizations, has offered a comprehensive range of services to prevent and treat problem gambling. Outpatient treatment services are provided by over 40 specially trained problem gambling counsellors in health regions. Specialized group programs and day treatment programs are available in the three major health regions. A limited number of clients request access to inpatient treatment in Canada's first problem gambling inpatient treatment program in Lloydminster. There are no waiting lists for problem gambling treatment services.

A wide range of innovative and specialized prevention and education resources have been developed by Saskatchewan Health, including resources for youth, educators, family members, employers, older adults and the general public. All public education resources are available to the public free of charge. Ongoing public education presentations are made by the Canadian Mental Health Association's Problem Gambling Community Program.

Program Overview

Saskatchewan Health's initiatives include:

- Out-patient treatment services in health regions
- Funding for inpatient treatment services
- Problem gambling help line services
- Support for community development initiatives, education and learning opportunities,
- Comprehensive Provincial prevention and public education programs
- Research
- Specialized training for health regions and help line staff.

Problem gambling treatment services are available in all health regions in the province. There are no waiting lists for problem gambling treatment services. The four-year average service based admissions for health region problem gambling treatment services from 2000/01 to 2004/05 was 673.

Additional treatment funding has been provided to the Regina Qu'Appelle and Saskatoon health regions for day treatment programming. This has significantly reduced the demand for inpatient problem gambling treatment. Clients requiring inpatient services are treated at the Walter A. "Slim" Thorpe Recovery Centre in Lloydminster. The four-year average for referrals for inpatient treatment from 2000/01 to 2004/05 was 18.

The Problem Gambling Help Line is a single-entry point to call toll-free and receive professional counselling, referral and information for problem gambling. The Problem Gambling Help Line, **1-800-306-6789,** is a 24-hour a day, seven-day a week service. The four-year average of calls from gamblers, family and friends and requests for more information from 2000/01 to 2004/05 was 1,559.

Prevention and Education Initiatives

Saskatchewan's prevention strategy includes a range of education and health promotion strategies. These strategies include:

Media Campaign: A comprehensive strategy of closed captioning messages, radio ads, billboard and arena advertising and poster and print ads focusing on the risks of gambling.

Community Grant Initiative: This initiative is designed to provide grants for community problem gambling prevention and education initiatives. Problem Gambling Community Grants are available to encourage and assist communities to develop and/or deliver prevention and education programs.

Prevention and Education Targeted Programs: These initiatives focus on prevention and education programming for specific target groups. These initiatives include:

i) Youth Awareness Resources
Resources specifically designed to target teen and pre-teen youth.

ii) Science Centre Interactive Display
The display involves seven interactive exhibits and is designed to be an interactive probability display for youth age 9 to 12. Since opening in May 2003, more than 60,000 students have visited the display. The exhibit is on permanent display at the Science Centre.

iii) Science Centre CD ROM
Saskatchewan Health and the Saskatchewan Science Centre have developed a CD- ROM that mirrors the interactive probability display. The CD ROM will be promoted to schools that do not have the resources to visit the Science Centre.

iv) Media Campaign Additional Resources
Additional print resources and advertising are being developed to sustain the longevity of the radio and billboard media campaign.

v) Targeted Advertising for High Risk Groups
Targeted advertising is directed at specific at-risk populations. For example, prevention messages have been posted and distributed to locations frequented by post secondary students. Advertising has been purchased on campus and in bars and lounges.

vi) Youth Risk Conference
Saskatchewan Health and The Saskatchewan Science Centre host an annual Youth Conference Forum on gambling. The gambling forum covers six topics: types of gambling, types of gamblers, risk taking behaviours, skill vs. chance, probability and odds and the impact of gambling on individuals, families and communities.

Community Development

Saskatchewan Health contracts the Canadian Mental Health Association's (CMHA) Problem Gambling Community Program to deliver community education services. In 2005-06, CMHA staff delivered approximately 191 community education workshops to community groups.

Professional Training

Advanced professional development and clinical training opportunities are provided annually to all problems gambling regional health authority counsellors and help line staff through intensive workshop and seminars.

Problem Gambling Services by Regional Health Authority

Region	Service-Based Admissions	
	2003-2004	2004-2005
Cypress	17	4
Five Hills	46	14
Heartland	4	0
Keewatin Yatthé, Mamawetan Churchill River & Athabasca	4	1
Kelsey Trail	18	15
Prairie North	57	58
Prince Albert Parkland	62	35
Regina Qu'appelle	249	197
Saskatoon	325	186
Sun Country	21	9
Sunrise	16	7
Not Recorded	17	0
Fiscal Year Total	**836**	**526**

Problem Gambling Client Gender by Regional Health Authority 2004-2005

Region	Female	%	Male	%
Cypress RHA	2	50%	2	50%
Five Hills RHA	4	29%	10	71%
Kelsey Trail RHA	7	47%	8	53%
Prairie North RHA	32	56%	25	44%
Prince Albert Parkland RHA	18	55%	15	45%
Regina Qu'Appelle RHA	89	48%	98	52%
Saskatoon RHA	75	40%	111	60%
Sun Country RHA	3	33%	6	67%
Sunrise RHA	4	57%	3	43%
Mamawetan Churchill River RHA	1	100%		0%
Not Recorded				0%
Total	**235**	**46%**	**278**	**54%**

Problem Gambling Client Age (in years) by Regional Health Authority 2004-2005

Region	0 -19	20-29	30-39	40-49	50-59	60-69	70+
Cypress RHA		1	1	1	1		
Five Hills RHA		4	3	3	2	1	1
Kelsey Trail RHA		1	5	5	4		
Prairie North RHA		6	8	18	16	10	
Prince Albert Parkland RHA		3	6	12	10	3	
Regina Qu'Appelle RHA	2	23	38	61	45	13	3
Saskatoon RHA	1	24	36	62	43	14	6
Sun Country RHA			2	3	3	1	
Sunrise RHA		1	2	1	3		
Mamawetan Churchill River RHA				1			
Not Recorded							
Grand Total	**3**	**63**	**101**	**167**	**127**	**42**	**10**

ACQUIRED BRAIN INJURY PARTNERSHIP PROGRAM

The Partnership consists of 32 community-based and 7 education and prevention programs. Theses programs are located throughout the province and provide a range of services to individuals with ABI, their families, and communities. A total of 68.12 FTEs are funded by Partnership, in addition to 2 FTEs dedicated to project management. The following table displays the distribution of FTEs by health region and program category.

Table 1: Acquired Brain Injury FTEs

Region	Outreach Teams	Rehabilitation	Prevention/Education	Regional Coordinator	Vocational	Life Enrichment	Children's Program	Crisis Management	Day Program	Residential Options	Independent Living	Total
Cypress				1								**1**
Five Hills				1							1	**2**
Heartland												**0**
Keewatin Yatthé		0.65										**0.65**
Kelsey Trail		2.44										**2.44**
Mamawetan		0.5	0.65									**1.15**
Prairie North				0.75	0.63				1.92			**3.3**
Prince Albert Parkland	5.3		1							3		**9.3**
Regina	10.1	1.5	1		1	1		0.5		8.85		**23.95**
Saskatoon	8.5	1.5	2.75	1	2	0.5	2.1	0.64	0.69			**19.68**
Sun Country				1							1.5	**2.5**
Sunrise				0.75		0.5					0.9	**2.15**
Total	**23.9**	**6.59**	**5.4**	**5.5**	**3.63**	**2**	**2.1**	**1.14**	**2.61**	**11.9**	**3.4**	**68.12**

A total of 11 program categories have been established, excluding project management.

Outreach Teams (3)

The Partnership funds three regional Outreach Teams based in Prince Albert, Regina, and Saskatoon. These teams coordinate services on a province-wide basis. While at times providing direct client services, the primary function of the Outreach Teams is to provide multidisciplinary assessment, case management/coordination, and consultation services within their respective portions of the province.

Regional Coordinators (6)

There are six ABI Regional Coordinator positions within the province located in Humboldt, Moose Jaw, North Battleford, Swift Current, Weyburn, and Yorkton. Like the Outreach Teams, they provide case management/coordination and consultation services in their region to promote the community integration and improved quality of life of the individual with ABI.

Independent Living Worker Programs (4)

There are four Independent Living Worker Programs (ILWPs) operating out of SMILE Services (Estevan), Weyburn Group Homes Society (Weyburn), SIGN (Yorkton), and VON (Moose Jaw). The ILWPs participate in the coordination of services for clients with ABI and provide individualized direct care and support. Services include, but are not limited to, life skills, rehabilitation, recreational activities, and a/vocational support.

Residential Options (2)

There are two Residential programs dedicated to serving the needs of survivors. Phoenix Residential Society – PEARL Manor is situated in Regina and is mandated to act as a provincial resource, and Prince Albert Residential Services that serves the northern region. The goal of these programs is to enable individuals with ABI to live more independently in the community with improved quality of life by assisting in the restoration of as much functional ability as possible.

Rehabilitation Programs (6)

These services include the three regionally placed branches of the Saskatchewan Association for the Rehabilitation of the Brain Injured (SARBI) located in Regina, Saskatoon, and Kelvington. These services also include the Speech and Language Pathologist (SLP) located in Melfort and the two Rehabilitation Assistants who serve the Keewatin Yatthé and Mamawetan Churchill River Health Regions.

Children's Program (1)

Radius Community Centre, located in Saskatoon, is the only program within the Partnership that offers programming exclusively for children and adolescents. The goal of the Community Integration Program is to facilitate age-appropriate integration opportunities for children and youth with acquired brain injury in their own community.

Vocational Programs (3)

Partners in Employment, a branch of the Saskatchewan Abilities Council, in Regina and Saskatoon, along with Multiworks in Meadow Lake provide individualized support and training/rehabilitation to individuals with ABI who are interested in obtaining or maintaining employment.

Life Enrichment Programs (3)

There are three ABI Life Enrichment Programs operating out of the Regina, Saskatoon, and Yorkton branches of the Saskatchewan Abilities Council. These programs promote and facilitate personal and social rehabilitation in the form of recreation and leisure activities for those that may or may not be capable of returning to the competitive workforce.

Crisis Management Services (2)

Mobile Crisis Services located in Regina and Crisis Intervention Services located in Saskatoon, both provide crisis management services for survivors of ABI. These programs provide case management services when mainstream services have been unsuccessful. They also provide crisis intervention services on a 24-hour availability.

Day Program (2)

Lloydminster Acquired Brain Injury Society (LABIS) and Sherbrooke Community Centre "Moving On" program (Saskatoon) are the two day programs funded by the Partnership. These programs both offer programming two days a week. The programming includes physical and cognitive exercises and life skills with an overall goal to promote independence and community integration.

Education and Prevention (7)

This program category includes four Regional Education and Prevention Coordinators (Regina, Saskatoon, Prince Albert and La Ronge), the Saskatchewan Prevention Institute (SPI), Saskatchewan Brain Injury Association (SBIA) and the Provincial Education and Prevention Coordinator.

The Regional Education and Prevention Coordinators assist communities in developing effective injury prevention strategies and work on raising the awareness of the effects of ABI through ongoing education initiatives.

SPI, a provincial program located in Saskatoon, develops user-friendly, accessible resources to professionals and the public to prevent injuries in children.

SBIA is a provincial grassroots organization that receives funding to provide support to survivors and families through support groups, education events and resource development.

While a continuum of services have been established under the ABI Partnership Project umbrella, the Partnership was established to augment and not to duplicate or replace existing health or other social services (e.g., home care, mental health and addiction services). ABI Partnership service providers partner with other human service providers to assist clients in successful community integration.

Issues and Concerns

- Challenges continue with assisting and maintaining high need ABI clients in community with adequate support continues to be a challenge.
- Family members of individuals with ABI and ABI service providers have identified barriers to accessing Mental Health and Addiction services.
- Services to family members/caregivers of individuals with ABI have been identified as an area of concern.

Improvements

- Continuous education (Brain Trust and purchasing seats at clinical conferences) has assisted ABI program staff in knowledge acquisition, networking, and professional development.

Since 1996, the ABI Partnership Project has provided service to over 2,600 individuals with ABI. During the 2005-2006 fiscal year a total of 925 individuals received service. Of these, there were 315 new clients receiving service in this period. This is a reduction of in new clients from the 2004-2005 fiscal year. Of the total discrete clients, 615 (66%) were male and 310 (34%) were female. The most common cause of injury was related to all types of motor vehicle collision (306 = 31%). Table 2 summarizes the demographic characteristics of the clients. Table 3 represents the last five fiscal years of the Partnership Project. Since the 2001-2002 fiscal year, the number of discrete active clients has been decreasing, along with the new active clients. However, over the last fiscal year, the total active clients have remained relatively the same.

Table 2: Discrete Client Demographics (April 1, 2005 to March 31, 2006)

Demographic Variable		Total Discrete Clients (N = 925)
Client Gender	Male	615 (66%)
	Female	310 (34%)
Client Age Years	17 and under	86 (9%)
	18 to 24	111 (12%)
	25 to 29	70 (8%)
	30 to 39	134 (14%)
	40 to 59	365 (40%)
	60 to 79	129 (14%)
	80 and over	21 (2%)
Cause of Injury	*Motor Vehicle (all)	306 (31%)
	Stroke	165 (18%)
	Tumor	69 (7%)
	Fall	68 (7%)
	Assault	66 (7%)
	Other (Not TBI)	189 (19%)
	Other (TBI)	116 (12%)
Home Health Region*	Regina Qu'Appelle	258 (28%)
	Saskatoon	219 (24%)
	PA Parkland	77 (8%)
	Cypress	52 (6%)
	Five Hills	75 (8%)
	Prairie North	58 (6%)
	Sun Country	49 (5%)
	Sunrise	55 (6%)
	Kelsey Trail	60 (7%)
	Mamawetan Churchill	15 (2%)
	Keewatin Yatthe	9 (1%)
	Heartland	17 (2%)
	Athabasca	8 (0.9%)
Employment*	Unemployable	299 (32%)
	Unemployed	226 (24%)
	Student	154 (17%)
	Retired	84 (9%)
	Full Time	68 (7%)
	Supported	41 (4%)
	Other	228 (21%)
Living Situation	Supported in home	455 (49%)
	Independent in home	428 (46%)
	Long Term Care Facility	59 (6%)
	Personal Care Home	40 (4%)
	Group Home	25 (3%)
	Other	45 (4%)

* Note: Due to coding in the information system, these variables do not equal the total discrete client count.

Source: ABI Information System

Table 3: Acquired Brain Injury Five-Year Comparison

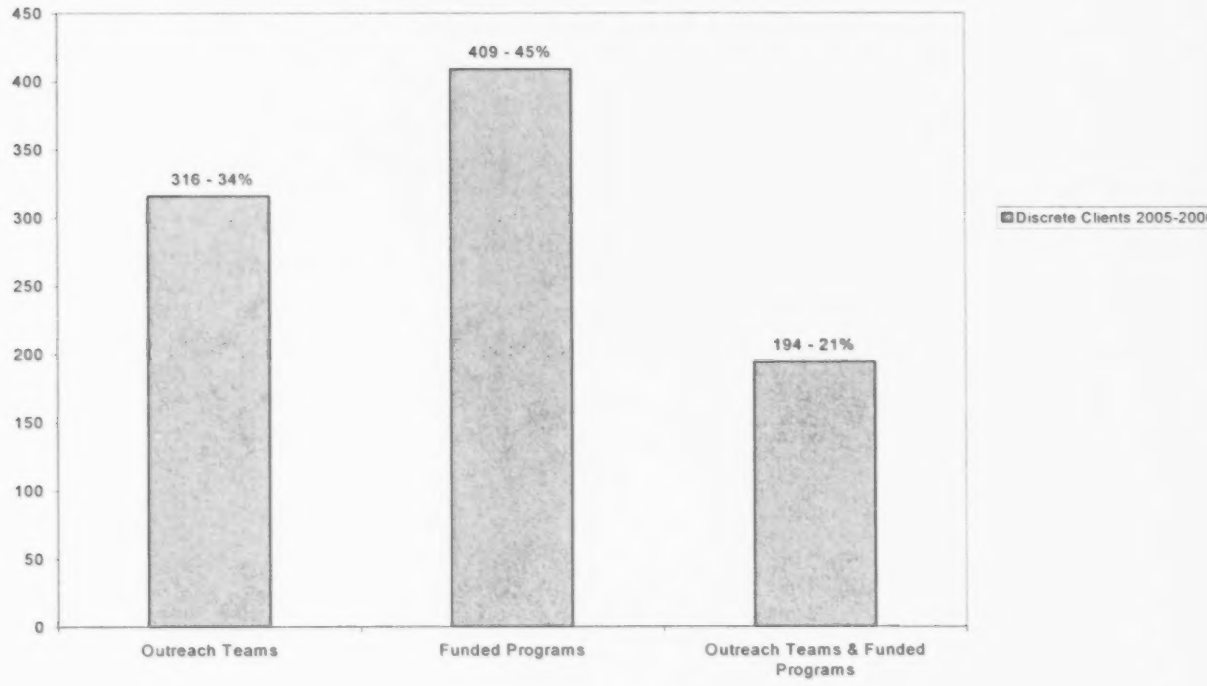
	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006
Discrete Active Clients	1025	910	899	928	925
New Active Clients	408	320	308	344	315
Net Difference in Active Clients*	-484	-435	-319	-315	-318
Leading Cause of Injury	Motor Vehicle (any type) = 39%	Motor Vehicle (any type) = 39%	Motor Vehicle (any type) = 36%	Motor Vehicle (any type) = 33%	Motor Vehicle (any type) = 31%
Leading Service Event Type	Case Management=34%	Case Management=30%	Therapeutic Activities=33%	Therapeutic Activities=35%	Therapeutic Activities=40%
Total Service Events	40,162	40,400	44,194	49,201	47,506
Average Service Events per client	39.18	44.4	49.16	53.07	51.36
Average Service Event Time (min)	63	57	57	59	62

* Refers to the actual change in total active clients from the previous fiscal year

Program types in the ABI Information System are divided into two categories, outreach and funded programs. The category of "outreach" represents the three Outreach Teams and "funded" represents all other programs. Figure 1 provides a summary of the discrete clients registered with an Outreach Team or Funded program only or an Outreach Team and Funded program. There has been a slight reduction in the number of clients seen solely by the Outreach Teams and this appears to be a continuing trend. There was also about a 15% increase in the number of clients seen by a funded program only. This could be a result of differences in admission criteria and priorities. There was also a decrease in the number of clients seen by funded programs and Outreach Teams together. This could imply that client service delivery may be more sequential in nature rather than concurrent. That is, programs may refer to other Partnership programs and no longer remain involved following the referral.

Figure 1: Clients Seen by Funded Programs and Outreach Teams

April 1, 2004 to March 31, 2006



The ABI Partnership Project funds programs in 11 of the 13 health regions. Heartland and Athabasca Health Regions are the two regions without funded programs, however, the Central and North Saskatchewan Outreach Teams provide services to these regions respectively.

The Table 4 summarizes the programs located in each health region. It provides information on the number of non-discrete active and new clients registered in the health region, the total service events, the proportion of these events in comparison to the provincial total, the leading type of service event and the proportion of provincial funding allocated to each health region.

The client totals are non-discrete (duplicate) as any one client may be registered in more than one program per region or across regions. The number of clients and service events do not include statistics from the education and prevention programs, however, these were listed in order to illustrate where funded programs are located by health region.

Table 4: 2005-2006 Health Region Breakdown

Health Region	Programs	Total # of non-discrete Active Clients	Total non-discrete New Clients	Total # of Client Service Events	Proportion of Total Client Events	Leading Service Event Type (%)	Proportion of Total Provincial Funding
Provincial	40 Funded Programs	925 (discrete)	315(discrete)	47,506	100%	Therapeutic Activities=40%	100%
Sun Country	1 Coordinator 2 Independent Living Programs	32	5	1,075	2.3%	Therapeutic Activities=45%	2.85%
Five Hills	Coordinator Independent Living Program	77	24	1,518	3.2%	Case Management=65%	2.45%
Cypress	1 Coordinator	47	13	844	1.8%	Case Management=47%	1.62%
RQHR	Outreach Team Residential Program* Life Enrichment Program Vocational Program Rehabilitation Program Crisis Program Education & Prevention Coordinator	449	116	22,453	47%	Therapeutic Activities=39%	32.82%
Sunrise	Coordinator Life Enrichment Program Independent Living Program	63	17	852	1.8%	Case Management=47%	3.26%
Saskatoon	Outreach Team Children's Program Vocational Program Life Enrichment Program Rehabilitation Program Coordinator Day Program Crisis Program Education & Prevention Coordinator 2 Education & Prevention Programs*	331	87	10,566	22%	Therapeutic Activities=34%	32.37%
Prairie North	Day Program Vocational Program Coordinator	37	12	1,666	3.5%	Therapeutic Activities=48%	2.99%
PA Parkland	Outreach Team Residential Program Education & Prevention Coordinator	133	46	5,520	12%	Therapeutic Activities=34%	15.2%
Kelsey Trail	2 Rehabilitation Programs	64	32	2,730	5.8%	Therapeutic Activities=94%	2.70%
Mamawetan Churchill River	Rehabilitation Program Education & Prevention Coordinator	21	10	152	0.32%	Case Management=79%	2.84%
Keewatin Yatthé	Rehabilitation Program	7	1	58	0.12%	Therapeutic Activities=35%	1.26%

* Provincial Program ** No programs located in Heartland and Athabasca Health Regions

Education and Prevention

Injury Prevention – Community Grant Program

The Acquired Brain Injury Partnership Project and Saskatchewan Government Insurance have been involved in a joint program to provide community grants for traffic safety and ABI prevention programs since 1997. The goal of the Community Grants program is to enable community groups to establish, enhance, and deliver programs that address safety issues in their communities.

Since 1997, 1,228 projects have been funded across the province totalling $1,065,499. Both SGI and Saskatchewan Health, through the ABI Partnership Project, provide $50,000 annually toward this program.

The funded projects have been categorized using the following fifteen categories of projects:

Alcohol/Drug/Impaired Driving	Other Traffic Safety
ATV/Motorcycle Safety	Playground Safety
Bike/Skateboard/Inline Skating Safety (including helmet use)	Shaken Baby Prevention
Child Passenger Restraint	Snowmobile Safety
Falls in Seniors Prevention	Sport and Recreation Safety (including helmet use, other than those included elsewhere)
Farm Safety	Water Safety
First Aid – CPR	Workplace Safety
General Injury Prevention	

Funding has been distributed throughout the province for various injury prevention projects. The funding from the Community Grants Program also appears to have been equally distributed between Rural and Urban communities. For the purposes of this report, rural is defined as a community with a population less than 5,000 and urban is a population greater than 5,000. A total of $533,510 has been distributed to rural communities and $531,989 to urban.

The following tables outline the funding distributed by location (health region) and by project category.

Location	Funding
Athabasca	$2,600
Cypress	$35,190.18
Five Hills	$55,937.66
Heartland	$46,294.11
Keewatin Yatthé	$35,837.97
Kelsey Trail	$70,079.07
Mamawetan	$70,854.33
Prairie North	$62,135.89
PA/Parkland	$84,884.14
Regina Qu'Appelle	$202,678.55
Saskatoon	$268,813.66
Sun Country	$39,288.10
Sunrise	$90,904.68
Total	**$1,065,499**

Project Category	Funding
Alcohol/Drug/Impaired Driving	$187,550.41
ATV/Motorcycle Safety	$23,217.48
Bike/Skateboard/Inline Skating Safety	$149,823.74
Child Passenger Restraint	$135,385
Falls in Seniors	$34,082
Farm Safety	$1,025
First Aid - CPR	$8,923.30
General Injury Prevention	$208,442.25
Other Traffic Safety	$140,394.45
Pedestrian Safety	$17,671.35
Playground Safety	$7,032
Shaken Baby Prevention	$2,200
Snowmobile Safety	$93,273.26
Sport and Recreation Safety	$24,473.28
Water Safety	$19,804.5
Workplace Safety	$3,200
Total	**$1,065,499**

The following table illustrates the top five project categories funded and the corresponding percentage of funding received.

Project Category	Funding	Percentage
General Injury Prevention	$208,442.25	20%
Alcohol/Drug/Impaired Driving	$187,550.41	18%
Bike/Skateboard/Inline Skating Safety	$149,823.74	14%
Other Traffic Safety	$140,394.45	13%
Child Passenger Restraint	$135,385	13%

Home Care

Home Care is an integral part of the continuum of care that includes both community and institutional services necessary to ensure the best possible quality of life for people with varying degrees of short and long-term illness or disability and support needs. An effective continuum of care requires strong community and institutional support sectors so that appropriate services can be accessed when and where they are needed.

Home Care is a community support program premised on the following principles:

- people can usually retain greater independence and control over their lives in their own homes than in a care facility;
- most people prefer to remain at home and receive requires services at home;
- support usually provided by families and friends should be encouraged and preserved and, if necessary, supplemented;
- service decisions in home should be based on assessed client need;
- service should assist individuals and families to retain maximum independence and avoid unnecessary dependencies;
- people with the greatest need for home care should receive priority for service;
- individuals and their supporters should help identify their needs, establish goals, and develop plans to meet goals;
- individuals have the right to be treated with kindness, dignity and respect;
- home care should respect a person's right to live at risk and to accept or refuse services;
- home care should assist people to access needed health and social services;
- home care should preserve and promote volunteer involvement;
- regional health authorities should have responsibility for planning and delivering home care services;
- home care programs should participate in planning and coordinating local health and social services.

Objectives of Home Care

1. To help people maintain independence and well being at home by:
   a) determining needs and abilities, developing and coordinating plans of care;
   b) teaching self-care and coping skills;
   c) improving, maintaining or delaying loss of functional abilities;
   d) promoting and supporting family and community responsibility for care; and
   e) supporting palliative, supportive and acute care provided by family, friends and neighbours.

2. To facilitate appropriate use of health and social services by:
   a) preventing or delaying the need for admission to long-term care facilities and assisting on discharge;
   b) supporting people waiting for long-term care admission;
   c) preventing the need for hospital admission, making earlier discharge from hospital possible, and reducing the frequency of re-admission;
   d) helping individuals and families access needed services;
   e) promoting volunteer participation;

f) educating the public about home care; and
g) participating in local service planning and coordination.

3. To make the best use of home care resources by:
   a) serving people with the greatest need first; and
   b) operating economically and efficiently.

4. To meet client needs and optimize client independence within available home care financial resources while working cooperatively with other community agencies, organizations and individuals.

History of Home Care in Saskatchewan

Saskatchewan introduced its comprehensive home care program in 1978. Forty-five home care districts delivered services in the southern half of the province. The first district began delivering services in 1980. Home Care services in the north were funded by Northern Health Services Branch and administered by community based non-profit organizations. In 1995 the district home care boards were amalgamated with 32 health boards. Responsibility for the provision of home care services rested with the district health board whose members were either appointed by the Minister of Health, or elected in the health district.

In 2002, 12 Regional Health Authorities and were formed and are the governing bodies of the health region, which includes the home care program. Athabasca Health Authority functions as an authority.
Some of the major changes since the implementation of the home care program include:
- an expansion of home-based services;
- increasing acute care substitution services, including facilitating early hospital discharges and preventing hospital admissions;
- increasing community-based palliative care services, which allow clients to die at home with dignity;
- increasing support to reduce admission into long-term care, and to provide respite to provide respite to the client's supporters; and
- provision of complex care in certain situations, such as providing in home support for 24-hour ventilator dependent child.

Legislation
The home care program in Saskatchewan was established under section 7 of The Department of Social Services Act.
In 1983 responsibility for home care was transferred to the Department of Health. The Home Care Act was passed in 1986, whereby grants to fund home care non-profit corporations were made under the authority of the Act.
The 1986 Act was repealed, and the Health Districts Act was passed in 1993, which provided authority for the not-for-profit district health boards to plan, administer and deliver home-based service.
In 2002 the responsibility for home care was transferred to the regions with the establishment of the Regional Health Authorities.

Provincial and Regional Health Authority for Home Care Programming

The Board of each Regional Health Authority is vested with full legal authority and responsibility for the home care program. Though not limited to the following, the board is responsible for the observance of, and compliance with, *The Regional Health Services Act* and Regulations and provincial policy pertaining to the delivery of home care. The exception to this is the Athabasca Health Authority, which is responsible for the observance of, and compliance with, the Service Agreement between the Athabasca Health Authority and the Minister of Health and any policies pertaining to the delivery of home care.

The Regional Health Authority is accountable:

a) through the Minister of Health to the Legislature for the proper expenditure of public funds to provide home care services;
b) for planning, administrating and delivering home care services in the region; and
c) for adhering to program policies established by the Community Care Branch of Saskatchewan Health.

Saskatchewan Health provides global funding to the Regional Health Authorities for the day-to-day delivery of health programs and services, including home care services. The regions have the flexibility to use the global funds to provide a full range of home care services to help people remain healthy and independent. The regions strive to ensure that appropriate care is provided to patients in their regions. However, when considering the delivery of health care services, the Regional Health Authority must take into consideration the needs of the entire region, within available resources.

Types of Services

Primary home care services include:

a) assessment;
b) case management and care coordination;
c) nursing;
d) homemaking that includes personal care, respite and home management; and
e) meal service.

Types of Care

1. Acute Care

Acute Care is designed to identify situations (other than palliative care) in which the home care program provides a service that might otherwise be provided in a hospital or health centre.

In many cases, the services will be provided to a person recently discharged from hospital. This may include persons with mental illness or mental health disorders. Acute care also includes situations in which the family is providing all or some of the nursing/personal care that might otherwise have to be provided in hospital, and where home care is providing other services (e.g. meals, home management, some nursing/personal care) to help the family cope during an acute episode.

2. **Supportive Care**

Supportive Care is a broad category which applies when neither acute care nor palliative care apply. Clients may be considered to be "supportive care" when:

a) home care services are provided on an indefinite basis for the primary purpose of assisting clients to remain in the community (and/or to avoid admission to long-term care facilities);
b) home care services are providing respite to the clients' supporters; or
c) any other situation in which the type of care does not fall into either the palliative care or acute care categories.

3. Palliative Care

Palliative care refers to interdisciplinary services that provide active compassionate care to the client who is terminally ill at home, in hospital or in another care facility. It is a service made available to terminally ill persons and their supporters who have determined that treatment for cure or prolongation of life is no longer the primary goal.

Home Care Standards

Initially Home Care policies and standards were developed in collaboration with the former non-profit home care boards. A substantive review of the policies and standards have taken place with input from the regional health authorities and directly affected stakeholders. The revised manual is now available and has been distributed to the RHAs and will be on the government website in the near future.

Home Care Program Evaluation

In 2000 The Home Care Outcome Review-Self Evaluation Guide was developed. The guide was designed to assist each Health District in evaluating its home care program. The home care program is included in the accreditation of each Regional Health Authority.

An independent review of the provincial home care program occurred in 2005-06. The report highlighted several strengths of the home care program. These include comments on the well developed, widely accessible, mandated province wide program providing services based on client needs. Also mentioned are the knowledgeable and dedicated home care staff and management, strong palliative program, good individualized funding program and the community oriented focus. The Hollander Report is now complete and will also be on the government website in the near future.

Acceptability

- Care/service provided meets expectations of client, community, providers and paying organizations.

Acceptability Indicator 1 –Services Provided To Home Care Clients, 2004-2005

RHA	Total Nursing Home Care Clients (2004-05)	Total Nursing Home Care Units of Service (2004-05)	Nursing Home Care Services Ratio (Per Client)	Total Meals Home Care Clients (2004-05)	Total Meals Home Care Units of Service (2004-05)	Meals Home Care Services Ratio (Per Client)	Total Homemkg Home Care Clients (2004-05)	Total Homemkg Home Care Units of Service (2004-05)	Homemkg Home Care Services Ratio (Per Client)
SUN COUNTRY	2,256	33,131	14.7	365	35,679	97.8	904	69,827	77.2
FIVE HILLS	1,973	13,825	7.0	134	13,429	100.2	683	96,620	141.5
CYPRESS	1,197	14,903	12.5	326	32,374	99.3	709	51,644	72.8
REGINA QU'APPELLE	6,002	81,487	13.6	497	48,502	97.6	2,209	178,965	81.0
SUNRISE	2,313	33,289	14.4	415	38,427	92.6	922	79,492	86.2
SASKATOON	5,292	90,961	17.2	851	90,713	106.6	3,055	271,532	88.9
HEARTLAND	1,380	15,661	11.3	472	51,032	108.1	935	62,703	67.1
KELSEY TRAIL	1,182	11,967	10.1	323	37,831	117.1	779	79,407	101.9
PA PARKLAND	2,088	22,978	11.0	297	29,420	99.1	570	60,704	106.5
PRAIRIE NORTH	1,839	18,263	9.9	263	23,451	89.2	663	58,383	88.1
MAMAWETAN CHURCHILL RIVER	100	1,091	10.9	24	1,742	72.6	108	8,044	74.5
KEEWATIN YATTHE	54	251	4.6	72	451	6.3	69	658	9.5
ATHABASCA	0	0	0	15	195	13.0	12	158	13.2
PROV. TOTALS	25,676	337,807	13.2	4,054	403,246	99.5	11,618	1,018,137	87.6

Unit of Service – One meal or one hour of service in the client's home

This table shows the total number of clients receiving nursing, meals, and homemaking services, and the average number of units per client per year of each service.

Clients receiving more than one type of service are counted in each service they receive.

Accessibility

- Ability of clients/patients to obtain care/service at the right place and right time, based on need.

Accessibility Indicator 1 – Caseload Size for Home Care, 2004-2005

RHA	Pop. Age 75+ (June 2005)	Total Home Care Clients (2004-05)	Total Home Care Units of Service (2004-05)	Home Care Services Ratio (Per Client)	Home Care Services Ratio (Per 1,000 Pop. Age 75+)
SUN COUNTRY	5,225	2,293	138,637	60.5	26,533
FIVE HILLS	5,734	2,247	123,874	55.1	21,603
CYPRESS	4,403	1,499	99,703	66.5	22,644
REGINA QU'APPELLE	16,987	7,086	308,953	43.6	18,188
SUNRISE	7,016	2,577	151,209	58.7	21,552
SASKATOON	19,688	6,626	453,206	68.4	23,019
HEARTLAND	4,495	1,729	129,396	74.8	28,787
KELSEY TRAIL	4,282	1,397	129,204	92.5	30,174
PA PARKLAND	5,177	2,371	113,320	47.8	21,889
PRAIRIE NORTH	4,030	2,009	100,193	49.9	24,862
MAMAWETAN CHURCHILL RIVER	363	140	10,915	78.0	30,069
KEEWATIN YATTHE	219	150	1,439	9.6	6,571
ATHABASCA	32	15	353	23.5	11,031
PROV. TOTALS	77,651	30,139	1,760,402	58.4	22,671

Unit of Service – One meal or one hour of service in the client's home

30,139 clients in Saskatchewan received 1,760,402 units of homecare, an average of 58.4 units per client per year.

Accessibility Indicator 2 – Types of Home Care Services – Palliative, Acute, Supportive, 2004-2005

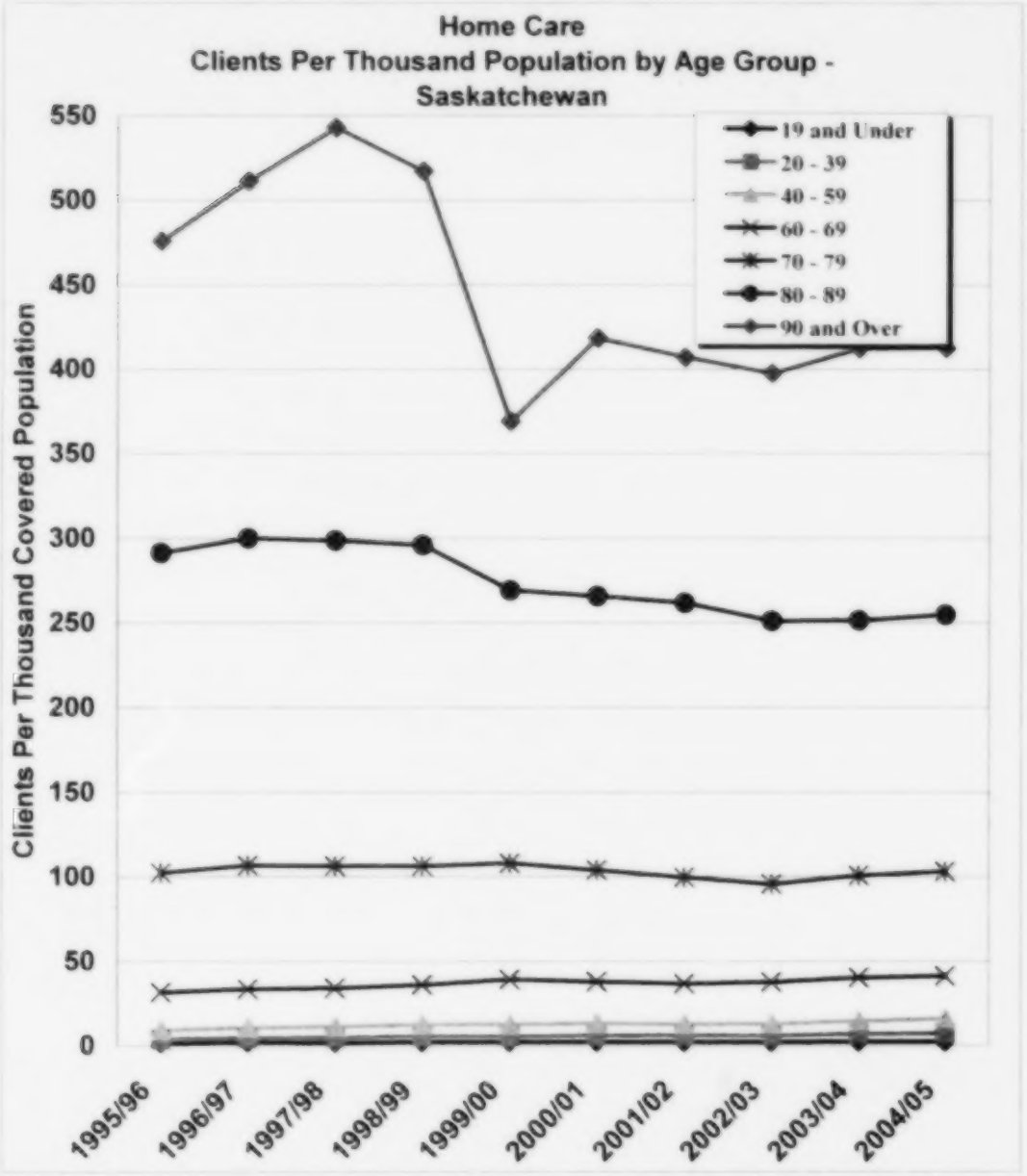
RHA	Total Palliative Home Care Clients (2004-05)	Total Palliative Home Care Units of Service (2004-05)	Palliative Home Care Services Ratio (Per Client)	Total Acute Home Care Clients (2004-05)	Total Acute Home Care Units of Service (2004-05)	Acute Home Care Services Ratio (Per Client)	Total Supportive Home Care Clients (2004-05)	Total Supportive Home Care Units of Service (2004-05)	Supportive Home Care Services Ratio (Per Client)
SUN COUNTRY	123	3,248	26.4	182	5,097	28.0	1,776	117,726	66.3
FIVE HILLS	77	3,900	50.6	1,304	7,184	5.5	831	107,967	129.9
CYPRESS	37	885	23.9	339	7,869	23.2	1,116	90,761	81.3
REGINA QU'APPELLE	343	16,381	47.8	3,925	24,854	6.3	2,876	267,161	92.9
SUNRISE	108	1,906	17.6	854	19,414	22.7	1,615	125,605	77.8
SASKATOON	378	13,710	36.3	1,950	48,447	24.8	4,322	387,068	89.6
HEARTLAND	49	957	19.5	379	6,788	17.9	1,303	121,591	93.3
KELSEY TRAIL	28	599	21.4	232	5,185	22.3	1,106	123,125	111.3
PA PARKLAND	87	3,153	36.2	485	16,286	33.6	1,664	90,568	54.4
PRAIRIE NORTH	45	652	14.5	557	7,725	13.9	1,405	91,231	64.9
MAMAWETAN CHURCHILL RIVER	2	67	33.5	8	83	10.4	107	9,809	91.7
KEEWATIN YATTHE	0	0	N/A	3	19	6.3	68	730	10.7
ATHABASCA	0	0	N/A	0	0	N/A	5	145	29.0
PROV. TOTALS	1,277	45,458	35.6	10,218	148,951	14.6	18,194	1,533,487	84.3

Unit of Service – One meal or one hour of service in the client's home

This table does not include home maintenance. In addition, some regional health authorities have not indicated a care type for some clients and therefore they are not reported in this table.

Clients who move from one care type of service to another are included in this data.

Accessibility Indicator 3 – Home Care Clients per Thousand Population Within Each Age Group – Saskatchewan



Since 2001-02 the numbers of clients in each age group has remained relatively stable.

This table shows that as the population ages the number of persons within their age group using home care services increases.

Appropriateness

- Care/Service provided is relevant to client/patient needs and based on established standards

Appropriateness Indicator 1 –Distribution of Home Care Services, 2000-01 to 2004-05

Year	Nursing Services	Percent Change From Previous Year	Percent Change From 2000-01	Meal Services	Percent Change From Previous Year	Percent Change From 2000-01	Homemaking Services	Percent Change From Previous Year	Percent Change From 2000-01
2000-01	331,596			496,092			1,180,347		
2001-02	328,056	-1.1%	-1.1%	474,066	-4.4%	-4.4%	1,085,307	-8.1%	-8.1%
2002-03	333,377	1.6%	0.5%	455,371	-3.9%	-8.2%	1,040,174	-4.2%	-11.9%
2003-04	343,702	3.1%	3.7%	430,329	-5.5%	-13.3%	1,036,278	-0.4%	-12.2%
2004-05	337,808	-1.7%	1.9%	403,246	-6.3%	-18.7%	1,018,138	-1.8%	-13.7%

Unit of Service – One meal or one hour of service in the client's home

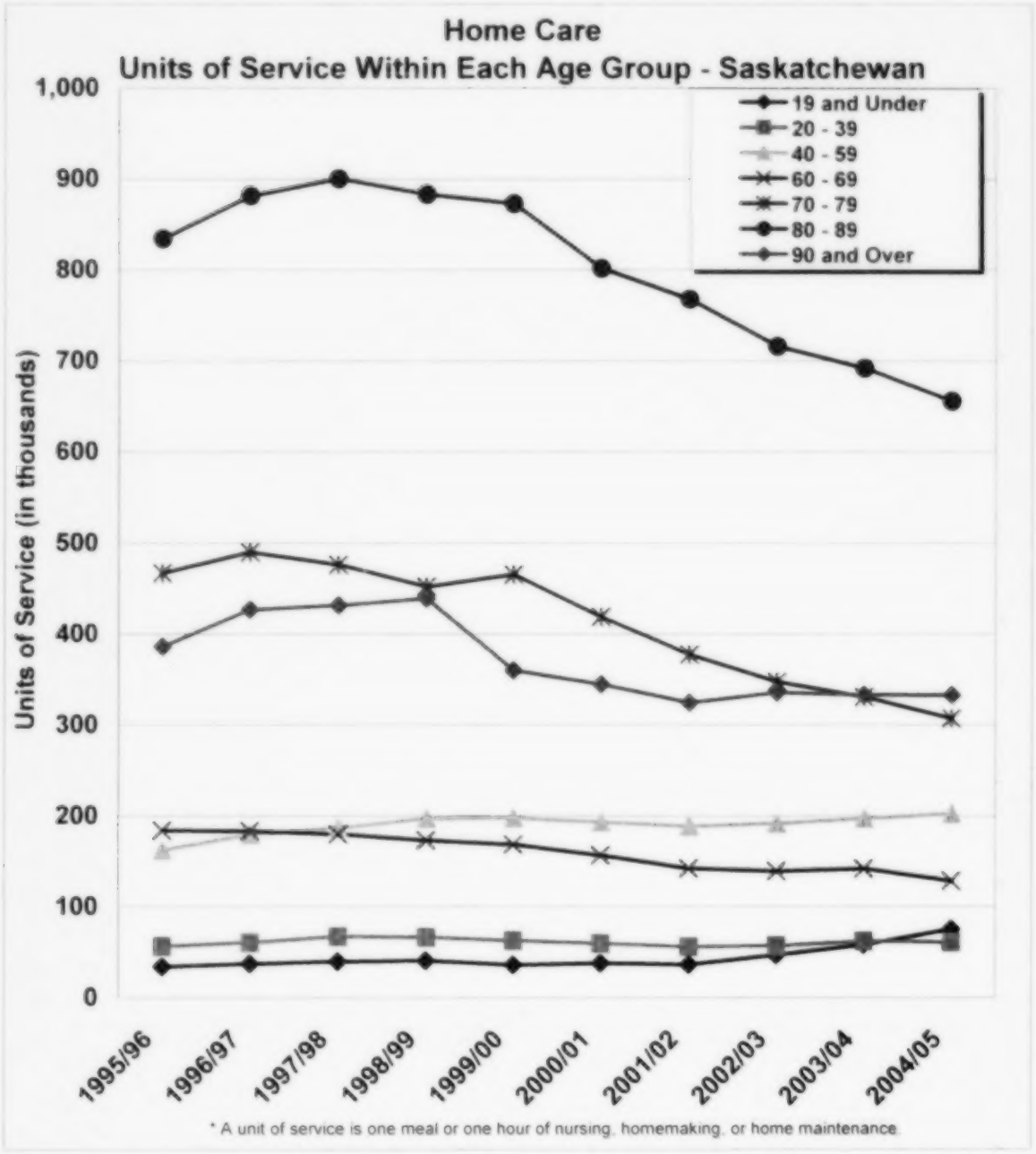
The home making and meal services have been viewed as preventative in nature. There has been a shift away from the home making services to nursing services.

Appropriateness Indicator 2 – Home Care Expenditures, 2000-01 to 2004-05

Year	Expenditures	Percent Change From Previous Year	Percent Change From 2000-01
2000-01	$80,119,000		
2001-02	$87,255,000	8.9%	8.9%
2002-03	$96,539,000	10.6%	20.5%
2003-04	$92,602,378	-4.1%	15.6%
2004-05	$96,598,585	4.3%	20.6%

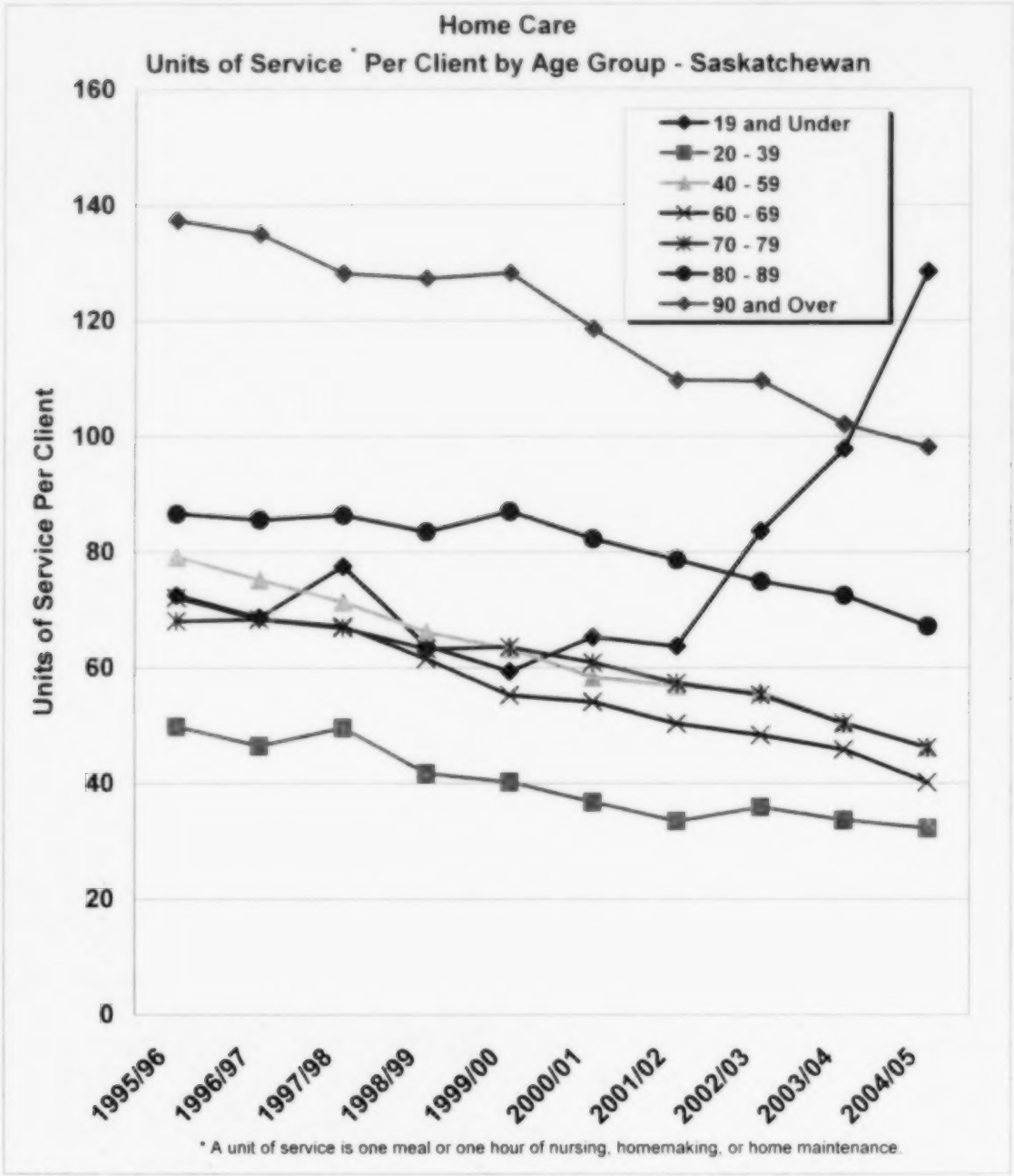
With the exception of 2003-04 there has been an increase in Home Care expenditures.

Appropriateness Indicator 3 – Home Care Units of Service within each Age Group – Saskatchewan



Older population cohorts tend to more frequent use of home care services.

Appropriateness Indicator 4 – Home Care Units of Service Per Client within each Age Group – Saskatchewan



This table shows a decline in the units of service per client with the exception of the 19 and under age group. This latter group reflects the implementation of children's complex medical care needs.

Long Term Care Program

Introduction

A special-care home is a facility that provides 24-hour, supervised institutional long-term care services to meet the needs of individuals, usually having heavy care needs that cannot be appropriately met in the community. Commonly known as nursing homes, special-care homes provide an environment in which individuals can achieve and maintain as high a level of independence and life satisfaction as possible. Seniors are typically the beneficiaries of the program.

Objectives

Special-care homes provide institutional long-term care services as part of the continuum of care within an integrated health care system. Emphasis is on the provision of a home-like environment in which individuals can achieve and maintain as high a level of function and quality of life as possible, while at the same time, maintaining the highest regard for the dignity and worth of each individual. The resident is the primary focus of all aspects of the operation of a special-care home.

The objectives of the long-term care program are to:

1. provide long term care, within the context of an integrated system and continuum of care, as part of a regional health authority health service;
2. provide potential residents, their families or responsible others with sufficient information to make informed decisions about care;
3. provide accommodation, programs, and services to individuals, primarily with heavy care needs, that is based on assessed need that cannot be met through home/community-based services;
4. create a home-like atmosphere that is flexible in nature so as to be conducive to the exercise of individual rights and liberties within the inherent limitations of a group-living situation;
5. assist individual residents to access, to the greatest extent possible, community-based programs and services when such programs/services are not available within the special-care home;
6. restore and/or maintain each resident at an optimal level of functioning and, wherever possible, to facilitate return to the community;
7. provide quality palliative care services to residents and other individuals in those situations where the family and available home/community-based services can no longer address the needs of the individual;
8. provide services in the special-care home to individuals who normally reside in their own homes, but require temporary accommodation and care as a respite for the primary care provider; and,
9. provide, where possible, other outreach services to individuals who normally reside in their own home, who would benefit from a structured program of activities/services for a portion of the day. Such services may serve to delay institutionalization or offer relief for the primary care provider i.e. wheels-to-meals, adult day program or night care program.

Types of Service

Long-term Care – provides services to individuals on a long-term basis within facilities that include the following:

- Accommodation - safe and healthy environment and maintenance services;
- Care - professional nursing care, medication management, personal care, social and recreational services); and,
- Hotel-like Services – food services, cleaning and sanitation services and laundry.

Adult Day Program – provides services to non-residents of special-care homes. The main purposes of an adult day program are to maintain and increase the individual's capacity to perform activities of daily living and to prevent premature long-term institutionalization by offering relief to care providers in the community. Programs are creatively designed to the particular home and to meet the needs of the surrounding community. Services provided include social and recreational activities, rest and exercise, snacks and a noon or evening meal, personal care and nursing care.

Temporary (Respite) Care – provides temporary relief to families or other primary care providers in the community who are caring for elderly and disabled persons at home. Individuals may be admitted for a few days or weeks to allow caregivers an opportunity to go on vacation, attend to family business or simply to take a break. Residents receive the same services as available to the long-term care residents of the special-care home.

Night Care – provides relief service to families or other primary care providers in the community by offering evening and night accommodation, supervision and/or care on a temporary or intermittent basis.

Palliative Care – refers to interdisciplinary services that provide active, compassionate care to residents who are in the final stages of a serious, incurable disease where it has been determined that cure or prolongation of life is no longer the objective. It emphasizes quality of life, maintenance of human dignity, comfort and concern for the resident and their support network.

Legislation

The Housing and Special-care Homes Act and Regulations have been the guiding legislation for special-care homes for many years. Over time, much of this legislation has been repealed, and ultimately, any legislation relating to special-care homes will be contained in the *Regional Health Services Act* and *Regulations*.

Effective December 23, 2005, SCHs are no longer required to be licensed. Rather, they are "designated" by the Minister under *The Regional Health Services Act*.

Long Term Care Standards

The program expectations of Saskatchewan Health, as they relate to special-care homes are addressed in the Program Guidelines for Special-care Homes manual. The manual provides direction and guidance to RHAs and the operators of special-care homes and is currently being updated and revised.

Long Term Program Evaluation

The Community Care Branch of Saskatchewan Health has developed a self-evaluation tool to assist regional health authorities in reviewing their special-care home programs. Regional Health Authorities also participate in district-wide accreditation, which can include the special-care home program.

Joint Committee on Institutional Supportive Care (JCISC) Working Groups

In collaboration with Saskatchewan Health, the JCISC has established three working groups:

- The Working Group on Institutional Long-term Care Supply charges is reviewing special-care home charges not specifically covered by the income tested resident charge, in an effort to determine the appropriateness of additional charges and to recommend a standard that can be implemented province-wide.

- The Medically Complex Cases Working Group is examining the extent of the need for long-term care services for medically complex clients on a province-wide basis. The group will develop recommended options to better service this client group.

- The Behaviour Management Working Group is reviewing options and making recommendations to address the care needs of a small group of individuals from across the province, who present a need for specialized long-term care services because of difficult to manage behaviours.

Long-term Care Improvements

- Effective December 23, 2006, special-care homes are no longer required to be licensed. Rather they are "designated" by the Minister under the *Regional Health Services Act*.

- To enable registered nurse (nurse practitioners) [RN(NP)s] to practice to their anticipated scope, existing barriers in a number of regulations had to be removed. Regulations that were amended included *The Housing and Special-care Homes Regulations*. Specifically the changes provide nurse practitioners with the authority to attend, diagnose, and make orders for treatment of common medical disorders including the prescribing of medications for a specific resident. The amendments also provide the authority for special-care home staff to carry out these orders.

- Through the JCISC, the Supply Charges Working Group has standardized the fees being charged by regional health authorities for day programs across the province. Effective February 1, 2006, the cost is $7.50/day.

- Saskatchewan Health now covers the cost of the minimum resident charge for children (under 18) receiving institutional long-term care services when they are not permanent Wards of the Minister of Community Resources and Employment. Revisions to the regulations are currently in process.

Acceptability

- Care/service provided meets expectations of client, community, providers and paying organizations.

Acceptability Indicator 1 –Expenditures per year for Long Term Care

Year	Expenditures	Percent Change From Previous Year	Percent Change From 2000-01
2000-01	$392,019,264		
2001-02	$414,157,562	5.6%	5.6%
2002-03	$418,588,949	1.1%	6.8%
2003-04	$431,407,753	3.1%	10.0%
2004-05	$455,016,609	5.5%	16.1%

This table provides total expenditures as reported by all regions from 2000-01 to 2004-05.

Acceptability Indicator 2 –Types of Beds in Long Term Care by RHA

Regional Health Authority	Long Term Care	Adult Day	Temporary Care	Night Care	Rehabilitation	All Programs
Sun Country	662	68	25	0	0	755
Five Hills	507	101	19	0	15	642
Cypress	474	36	18	0	0	528
Regina Qu'Appelle	1,876	260	34	0	55	2,225
Sunrise	832	114	24	0	5	975
Saskatoon	2,077	316	23	0	18	2,434
Heartland	488	44	20	0	0	552
Kelsey Trail	460	51	32	0	0	543
Prince Albert Parkland	536	31	11	0	0	578
Prairie North	507	27	34	0	0	568
Mamawetan Churchill River	0	7	0	0	0	7
Keewatin Yatthe	0	0	0	0	0	0
Athabasca	4	0	0	0	0	4
All Regional Health Authorities	8,423	1,055	240	0	93	9,811

This table represents the number of residents in each type of program as at March 31, 2005.

Acceptability Indicator 3 –Total Residential Capacity by 1,000 Population Age 75+

RHA	Pop. Age 75+ (June 2005)	ISC Beds (Mar. 31/05)	ISC Beds Per 1,000 Pop. Age 75+	PCH Beds at (Mar. 31/05)	PCH Beds Per 1,000 Pop. Age 75+	ISC + PCH Beds	ISC+PCH Beds Per 1,000 Pop. Age 75+
SUN COUNTRY	5,225	687	131	228	44	915	175
FIVE HILLS	5,734	526	92	267	47	793	138
CYPRESS	4,403	492	112	77	17	569	129
REGINA QU'APPELLE	16,987	1,910	112	613	36	2,523	149
SUNRISE	7,016	856	122	149	21	1,005	143
SASKATOON	19,688	2,100	107	712	36	2,812	143
HEARTLAND	4,495	508	113	73	16	581	129
KELSEY TRAIL	4,282	492	115	38	9	530	124
PA PARKLAND	5,177	547	106	287	55	834	161
PRAIRIE NORTH	4,030	541	134	30	7	571	142
PROV. TOTALS	77,037	8,659	112	2,474	32	11,133	145

This table provides information on the number of institutional supportive care (ISC) beds and personal care home (PCH) beds (per 1,000 population age 75+) identified within each region.

Institutional Supportive Care (ISC) Beds range from 92 to 134 per 1,000 population age 75+ with a provincial average of 112 beds per 1,000 population based on regions' population in June 2005.

Personal Care Home (PCH) Beds range from 7 to 55 per 1,000 population age 75+ with a provincial average of 32 beds per 1,000 population age 75+ based on regions' population in June 2005.

Accessibility

- Ability of clients/patients to obtain care/service at the right place and right time, based on need.

Accessibility Indicator 1 – Institutional Supportive Care (ISC) Bed Ratios

RHA	Pop. Age 75+ (June 2005)	Current Bed Ratio	
		ISC Residents (March 31/05)	ISC Bed Ratio (Residents Per 1,000 Pop Age 75+)
SUN COUNTRY	5,225	687	131.5
FIVE HILLS	5,734	526	91.7
CYPRESS	4,403	492	111.7
REGINA QU'APPELLE	16,987	1,910	112.4
SUNRISE	7,016	856	122.0
SASKATOON	19,688	2,100	106.7
HEARTLAND	4,495	508	113.0
KELSEY TRAIL	4,282	492	114.9
PA PARKLAND	5,177	547	105.7
PRAIRIE NOR[illegible]	4,030	541	134.2
MAMAWETAN CHURCHILL RIVER	363	16	44.1
KEEWATIN YATTHE	219	14	63.9
ATHABASCA	32	4	125.0
PROV. TOTALS	77,651	8,693	111.9

ISC bed ratios range from 44.1 to 134.2 within regions, with a provincial average of 111.9.

Accessibility Indicator 2 – Institutional Supportive Care (ISC) Admission Ratios and Average Length of Stay

RHA	ISC Residents (March 31/05)	Admissions Over (2004-05)	2004-05 Admission Ratios (Per ISC Residents)	Ave. Length of Stay (Years) (Lic.) (2004-05)
SUN COUNTRY	687	234	0.34	2.33
FIVE HILLS	526	287	0.55	1.92
CYPRESS	492	204	0.41	2.74
REGINA QU'APPELLE	1,910	1,178	0.62	2.13
SUNRISE	856	480	0.56	2.41
SASKATOON	2,100	1,365	0.65	2.38
HEARTLAND	508	208	0.41	1.98
KELSEY TRAIL	492	230	0.47	2.68
PA PARKLAND	547	239	0.44	2.42
PRAIRIE NORTH	541	248	0.46	2.44
MAMAWETAN CHURCHILL RIVER	16		N/A	1.51
KEEWATIN YATTHE	14		N/A	2.18
ATHABASCA	4	4	1.00	0.31
PROV. TOTALS	8,693	4,677	0.54	2.30

Admission ratios are defined as the number of admissions over a period of time compared to the number of residents at a particular point in time.

Average length of stay (ALOS) is defined as the length of time as calculated in years between a resident's most recent date of admission and their date of discharge.

Appropriateness

- Care/Service provided is relevant to client/patient needs and based on established standards

Appropriateness Indicator 1 – Institutional Supportive Care (ISC) Levels of Care and Case Mix Index

RHA	ISC Residents (March 31/05)	Ave. ISC Case Mix Index (2004-05)	Standardized CMI Comparison
SUN COUNTRY	687	0.73	0.948
FIVE HILLS	526	0.79	1.026
CYPRESS	492	0.76	0.987
REGINA QU'APPELLE	1,910	0.77	1.000
SUNRISE	856	0.78	1.013
SASKATOON	2,100	0.81	1.052
HEARTLAND	508	0.76	0.987
KELSEY TRAIL	492	0.82	1.065
PA PARKLAND	547	0.81	1.052
PRAIRIE NORTH	541	0.76	0.987
MAMAWETAN CHURCHILL RIVER	16	0.74	0.961
KEEWATIN YATTHE	14	0.74	0.961
ATHABASCA	4		
PROV. TOTAL AND AVERAGES	8,693	0.77	1.000

This table provides a standardized comparison of the average case mix indexes for each region in relation to the provincial average.

Resident Assessment Instrument (RAI)
Minimum Data Set 2.0 (MDS 2.0)

Background

The Resident Assessment Instrument (RAI) is a process that encompasses the Minimum Data Set (MDS) and the Resident Assessment Protocols (RAPs) that will be useful tools for improving quality resident care. The main benefit of the RAI/MDS data is that they have been shown to improve the quality of care provided to the frail elderly. The applications associated with the RAI/MDS are care planning, quality indicators, outcome measurement and case-mix index that could assist in resource allocations. These data are interpreted using clinical algorithms that are directly linked to practice guidelines relevant to specific health, psychosocial, social and environmental problems. All of the RAI/MDS instruments are comprised of MDS forms, instructions on how to conduct the assessment, and best practice guidelines in the form of problem-oriented assessment protocols.
The Resident Assessment Instrument (RAI) is a process that has been implemented in Saskatchewan Institutional Supportive Care Facilities since 2000. Minimum Data Set (MDS 2.0), the actual assessment tool has been implemented in all supportive care facilities in Saskatchewan.

The information that is reflected in the graphs comes from two (2) reports that were submitted to the Community Care Branch, Department of Health. The information in the reports is based on the assessments that were completed in each Institutional Supportive Care facility in each Region.

In October 2003, the Department of Health began receiving six reports from each facility that are generated from the electronic system that the nurses use to do the MDS 2.0 assessments.

The two (2) reports used in this profile are the **Residents Currently Admitted** report, more commonly known as RUGs; and the **Facility Case Mix** (CMI) report.

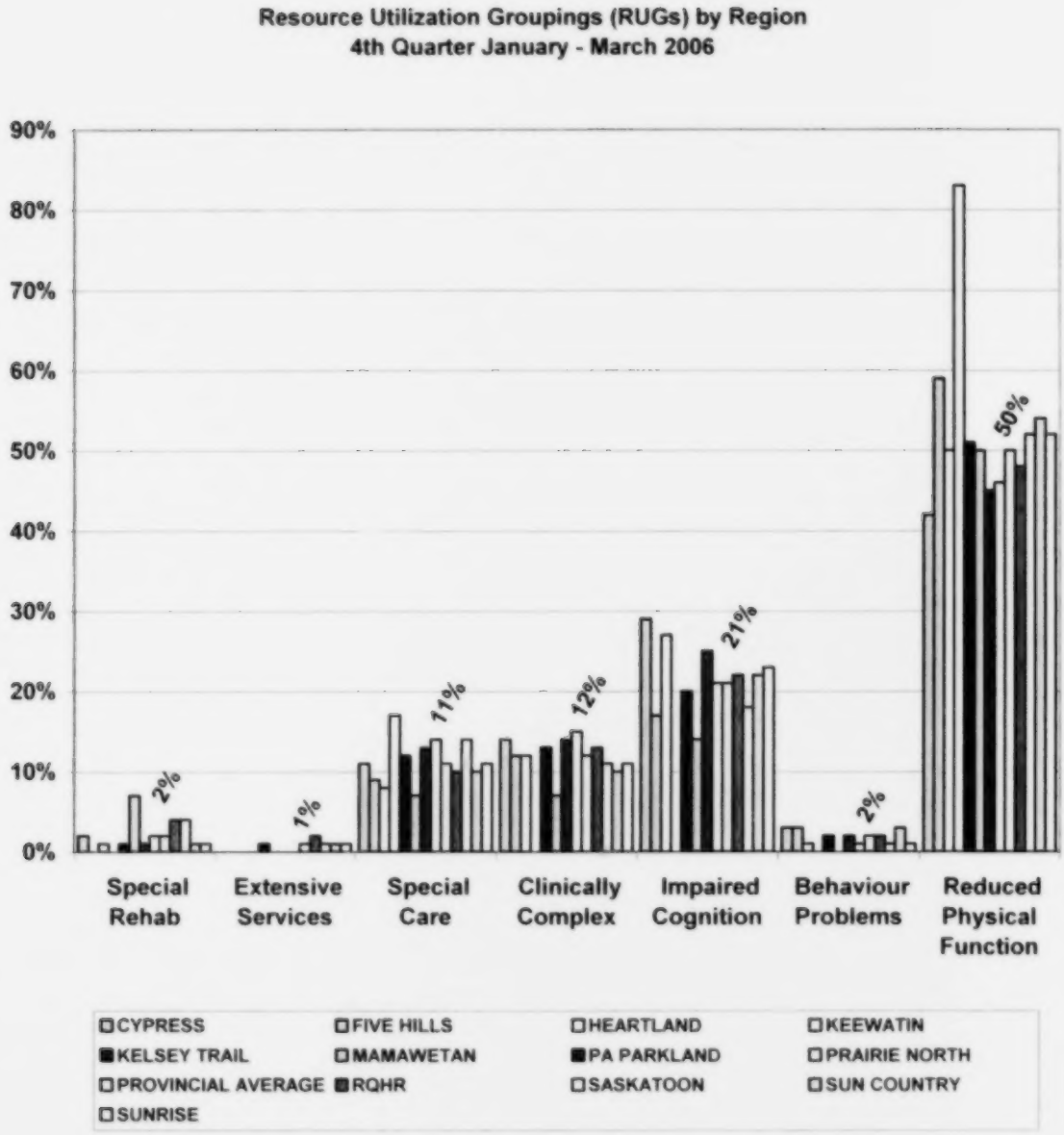
Residents Currently Admitted (Rugs report)

The RUGs classification system will replace the current system of classifying residents in Levels 1 – 4. The RUGs classification system has seven major categories and 44 sub-categories. This classification of resident care, with the case mix index assigned to each classification category will better define the resources that are required to provide care. The RUGs categories are hierarchical but not sequential. According to the information gathered since 2000, most residents in institutional supportive care facilities are classified in the Reduced Physical Function category with most regions at fifty percent (50%). The residents requiring heavier care in this classification require nursing rehab and score higher on the levels of care needed with activities of daily living. The next category in the hierarchy of the RUGs system is Cognitive Impairment with most regions at twenty percent (20%). In the first few years, the province showed a fairly even split between Reduced Physical Function and Impaired Cognition. In the past couple of years, the numbers have moved to the heavier categories, Clinically Complex and Special Care. This could be indicative of the heavier care

being admitted to long term care facilities in the province or the fact more facilities are now doing MDS assessments or staff in facilities are becoming better at doing the assessments and therefore the actual care is being better reflected.

- RUGs scores present in a similar pattern across the province. Facilities show the majority of residents in the Reduced Physical Function category, very few in the Behaviour Problem category.
- Residents will be classified in the most resource intensive category that they qualify for according to their needs.
- Behaviour Problems category will have smaller numbers as the resident may have problem behaviours but likely other medical conditions or cognitive status will qualify them for a higher resource category.
- Clinically Complex (residents with more complex medical needs) and the Special Care (residents with more complex medical needs and greater needs in activities of daily living) categories have shown the greatest change in numbers in the past year. This is a direct result of an increased effort in Regions through education and knowledge sharing in regard to coding and definitions that have more accurately reflected the acuity of care.
- Extensive Services category tends to be very ill residents who are receiving highly complex medical services.
- Special Rehab category should be audited if there are residents populating this classification, especially the small, rural facilities. The qualifying factors for this category are based on the rehabilitation provided. The resident must be receiving significant time and care in physical therapy, occupational therapy, speech language, etc

When looking at the percentages of residents in each category, you must consider the size of the facility/region and the resources available to them. Very small Regions such as the northern Regions, Keewatin and Mamawetan may show as a spike on a graph only because they have a small facility and at the time the data is gathered they may have had a resident or two with a certain classification to cause the graph to show as it does.
It is expected that the more resource intensive needs would be in the urban centres where there is access to resources to provide for the medically complex residents.

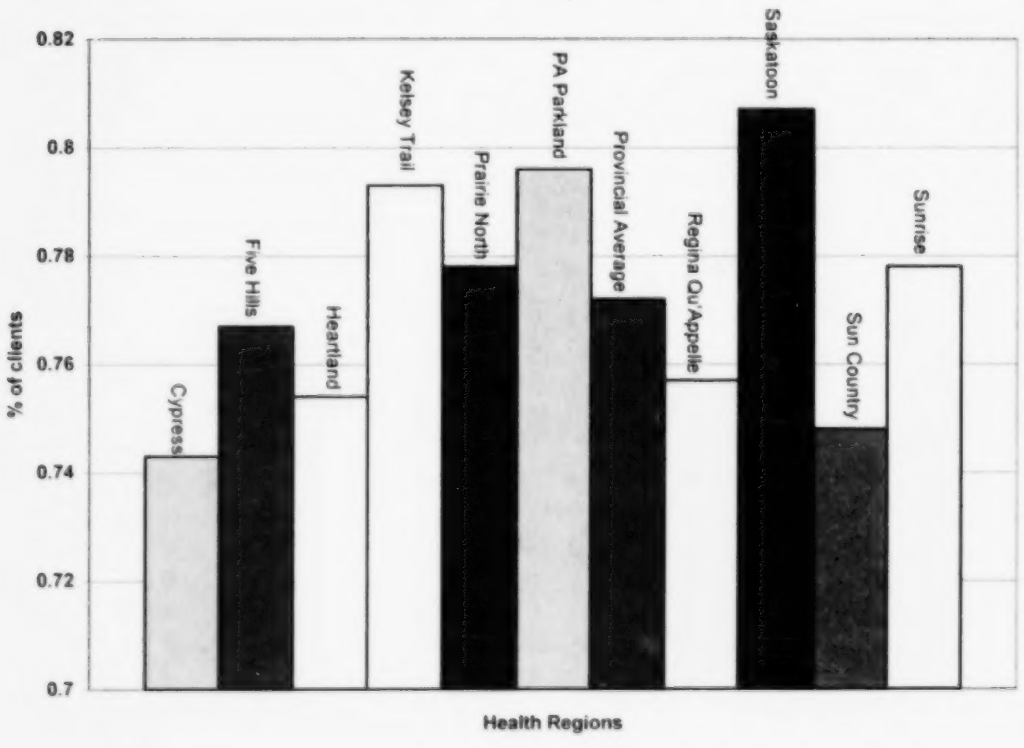


The percentages listed on the graph above are the provincial averages in each classification.

Case Mix Index Report (CMI)

The case mix index that is currently in the MDS 2.0 software is a research case mix. There has not been a Saskatchewan specific case mix developed as yet. The CMI is a rather complex formula that reflects the cost of care. Each of the 44 RUGs sub categories has a case mix number attached to it. Theoretically 1.0 is the base amount for the average resident receiving care, anyone above the average would cost more to provide that care and anyone lower would cost less to provide their care. However we cannot use 1.0 as a base because this case mix is not based on the cost of the resources in Saskatchewan. The current case mix can be used with caution to compare facilities within a Region, as well as to other Regions because all residents are being assessed with the same tool and have the same case mix attached to the same categories. It becomes extremely important to have good data quality established in each facility so that when comparing or summarizing facilities within a Region, each facility is accurately showing the care that is being provided.

Case Mix Index (CMI) by Region
Fiscal Year 2005 - 2006



- Provincial Case Mix numbers are shown on the chart for comparison.
- Higher case-mix numbers in smaller regions like the northern region may only mean an admission or discharge as there numbers are much smaller than the larger regions and can therefore affect the case-mix numbers more dramatically when averaging.

- Data quality issues can often affect the case-mix numbers for example the special rehab category must be audited to be sure staff on marking the MDS assessment correctly when doing the assessments. Nursing Rehab is also a category that requires some thought and discussion to ensure all the rules are being followed according to the guidelines in the manual in order for the assessment to be marked accordingly.
- Case-mix is dependent on the timeliness of the assessments being done. Annual and quarterly assessments are must in the system in order for accuracy. Your facility and your Region will be reflected according to how accurate you are in keeping up with your assessment schedule.

DATA QUALITY

The subject of data quality or data integrity comes up often when utilizing information that is dependent upon many people entering the data. The most common errors that compromise the data integrity are:

- Errors in data entry, typos, etc
- Misinterpretation of the definitions as they exist in the Saskatchewan Minimum Data Set Version 2.0 User Manual and are totally driven by InterRai
- Misinterpretation of the codes as prescribed in the Manual
- Staff in the facilities who have not had the benefit of being trained in the methodology of the MDS assessments
- Shortages of time and resources to ensure the assessments are done in a timely manner, according to the time frames as stated in the Manual

The intent of this report is to assist all staff utilizing MDS 2.0 to better understand the needs of residents in long-term care. It is important for staff to understand the impact of the data on both facility and regional averages when the assessments are done thoroughly within the appropriate time frames. Good data integrity will allow staff to use the information they have gathered to improve on the quality of care for residents in the facility and also improve the quality of their workplace.

APPENDIX A

RESOURCE UTILIZATION GROUPINGS (RUGs) 4TH QUARTER 2005 - 2006								
Regions	Reduced Physical Function	Behaviour Problems	Impaired Cognition	Clinically Complex	Special Care	Extensive Services	Special Rehab	Total Assessed Residents
SUN COUNTRY	323	15	128	62	57	5	4	**594**
FIVE HILLS	296	13	88	60	46	0	0	**504**
CYPRESS	187	14	129	62	48	1	7	**446**
RQHR	792	35	356	217	160	27	65	**1644**
SUNRISE	435	12	193	92	94	7	5	**838**
SASKATOON	1012	22	343	206	264	25	77	**1949**
HEARTLAND	243	5	130	58	41	1	4	**483**
KELSEY TRAIL	228	7	92	59	56	5	4	**449**
PA PARKLAND	241	11	132	72	67	2	6	**531**
PRAIRIE NORTH	227	4	102	74	71	2	12	**492**
MAMAWETAN	7	0	2	3	1	0	1	**14**
KEEWATIN	5	0	0	0	1	0	0	**6**
	3996	138	1695	965	906	75	185	**7950**
	50%	**2%**	**21%**	**12%**	**11%**	**1%**	**2%**	

Regions	Reduced Physical Function	Behaviour Problems	Impaired Cognition	Clinically Complex	Special Care	Extensive Services	Special Rehab
SUN COUNTRY	54%	3%	22%	10%	10%	1%	1%
FIVE HILLS	59%	3%	17%	12%	9%	0%	0%
CYPRESS	42%	3%	29%	14%	11%	0%	2%
RQHR	48%	2%	22%	13%	10%	2%	4%
SUNRISE	52%	1%	23%	11%	11%	1%	1%
SASKATOON	52%	1%	18%	11%	14%	1%	4%
HEARTLAND	50%	1%	27%	12%	8%	0%	1%
KELSEY TRAIL	51%	2%	20%	13%	12%	1%	1%
PA PARKLAND	45%	2%	25%	14%	13%	0%	1%
PRAIRIE NORTH	46%	1%	21%	15%	14%	0%	2%
MAMAWETAN	50%	0%	14%	7%	7%	0%	7%
KEEWATIN	83%	0%	0%	0%	17%	0%	0%
PROVINCIAL AVERAGE	50%	2%	21%	12%	11%	1%	2%

APPENDIX B

2005 - 2006 FISCAL YEAR CASE MIX INDEX (CMI)

Sun Country	1st Q	2nd Q	3rd Q	4th Q
Carlyle	0.73	0.77	0.76	0.76
Kipling	0.75	0.81	0.8	0.87
Redvers	0.75	0.75	0.72	0.75
Wawota	0.72	0.74	0.78	0.76
Bengough	0.73	0.72	0.76	0.76
Coronach	0.71	0.78	0.72	0.66
Radville	0.78	0.72	0.71	0.73
Tatagwa - Weyburn	0.73	0.73	0.74	0.73
Weyburn SCH	0.68	0.7	0.71	0.72
Carnduff	0.71	0.72	0.75	0.76
Estevan	0.72	0.77	0.74	0.72
Fillmore	0.7	0.74	0.75	0.76
Gainsborough	0.78	0.79	0.78	0.84
Lampman	0.72	0.72	0.75	0.74
Midale	0.76	0.75	0.79	0.74
Oxbow	0.76	0.75	0.75	0.71
Stoughton	0.76	0.73	0.73	0.72
subtotal	**12.49**	**12.69**	**12.74**	**12.73**
average	**0.734**	**0.7464**	**0.749**	**0.748**

Regina Qu'Appelle	1st Q	2nd Q	3rd Q	4th Q
Broadview	0.7	0.68	0.65	0.67
Grenfell	0.74	0.74	0.78	0.76
Indian Head	0.83	0.85	0.85	0.84
Montmartre	0.66	0.64	0.59	0.66
Moosomin-Lodge	0.68	0.68	0.67	0.74
Moosomin- NH	0.9	0.84	0.78	0.83
Whitewood	0.76	0.75	0.73	0.71
Wolsely	0.78	0.8	0.85	0.86
Cupar	0.77	0.79	0.79	0.78
Imperial	0.82	0.83	0.78	0.79
Lumsden	0.74	0.74	0.75	0.76
Ext Parkside - Regina	0.75	0.75	0.76	0.75
Ext Elmview - Regina	0.67	0.67	0.71	0.69
Ext Sunset - Regina	0.76	0.74	0.76	0.75
Regina Lutheran Home	0.79	0.78	0.79	0.85
Regina Pioneer Village	0.75	0.76	0.76	0.76
Santa Maria-Regina	0.77	0.76	0.78	0.78
Qu'Appelle House-Regina	0.55	0.55	0.56	0.57
William Booth-Regina	0.77	0.76	0	0.79
Balcarres	0.82	0.82	0.83	0.78
Qu'Appelle Valley	0.81	0.81	0.78	0.78
Raymore	0.83	0.77	0.78	0.77
subtotal	**16.65**	**16.51**	**15.73**	**16.67**
average	**0.756**	**0.75**	**0.749**	**0.757**

Saskatoon	1st Q	2nd Q	3rd Q	4th Q
Cudworth	0.76	0.78	0.76	0.8
Humboldt	0	0.72	0.7	0.76
Middle Lake	0	0	0	0.72
Wadena	0.78	0.75	0.74	0.74
Watson	0.75	0.75	0.76	0.74
Duck Lake	0.75	0.73	0.73	0.71
Rosthern	0.86	0.82	0.81	0.82
Wakaw	0.79	0.77	0.78	0.75
Lanigan	0.71	0.76	0.72	0.73
Nokomis	0.83	0.81	0.89	0.97
Strasbourg	0.65	0.66	0.64	0.72
Watrous	0.72	0.71	0.72	0.76
Wynyard	0.74	0.74	0.78	0.76
Dalmeny	0.85	0.87	0.85	0.88
Langham	0.9	0.83	0.89	0.9
Central Haven-Saskatoon	0.79	0.78	0.83	0.88
Circle Drive-Saskatoon	0.83	0.85	0.83	0.85

Five Hills	1st Q	2nd Q	3rd Q	4th Q
Central Butte	0.82	0.79	0.71	0.69
Craik	0.77	0.72	0.71	0.72
Extendicare-Moose Jaw	0.74	0.72	0.71	0.72
Pioneers Lodge-Moose Jaw	0.75	0.75	0.78	0.77
Providence Place-Moose Jaw	0.79	0.79	0.78	0.78
Ross Payant-Assiniboia	0.81	0.78	0.78	0.78
Assiniboia Hospital	0.81	0.87	0.8	0.82
Gravelbourg	0.75	0.82	0.82	0.8
Lafleche	0.83	0.88	0.81	0.86
Rockglen	0.7	0.64	0.73	0.73
subtotal	**7.77**	**7.76**	**7.63**	**7.67**
average	**0.777**	**0.776**	**0.763**	**0.767**

Cypress	1st Q	2nd Q	3rd Q	4th Q
Cabri	0.77	0.8	0.83	0.8
Gull Lake	0.8	0.78	0.76	0.74
Herbert	0.73	0.73	0.74	0.73
Mankota	0.75	0.69	0.64	0.63
Ponteix	0.62	0.66	0.67	0.7
Eastend	0.8	0.78	0.74	0.73
Leader	0.73	0.76	0.72	0.72
Maple Creek	0.76	0.76	0.76	0.74
Shaunavon	0.74	0.74	0.73	0.74
Palliser-Swift Current	0.86	0.86	0.86	0.88
PPL-Swift Current	0.73	0.74	0.76	0.74
Swift Current Care Centre	0.8	0.81	0.78	0.77
subtotal	**9.09**	**9.11**	**8.99**	**8.92**
average	**0.757**	**0.759**	**0.749**	**0.743**

Sunrise	1st Q	2nd Q	3rd Q	4th Q
Canora	0.84	0.82	0.85	0.84
Invermay	0.81	0.76	0.78	0.83
Kamsack	0.77	0.76	0.74	0.77
Norquay	0.78	0.78	0.76	0.77
Preeceville	0.82	0.86	0.84	0.81
Foam Lake	0.73	0.72	0.72	0.74
Langenburg	0.79	0.79	0.79	0.81
Saltcoats	0.71	0.71	0.72	0.72
Theodore	0.72	0.74	0.66	0.73
Yorkton	0.78	0.78	0.77	0.76
Esterhazy	0.75	0.75	0.76	0.75
Ituna	0.84	0.84	0.82	0.85
Melville	0.73	0.74	0.74	0.74
subtotal	**10.07**	**10.05**	**9.95**	**10.12**
average	**0.774**	**0.773**	**0.765**	**0.778**

Prince Albert Parkland	1st Q	2nd Q	3rd Q	4th Q
Big River	0.84	0.79	0.82	0.89
Canwood	0.85	0.83	0.77	0.83
Hafford	0.85	0.87	0.82	0.8
Leask	0.79	0.73	0.72	0.73
Leoville	0.83	0.92	0.9	0.81
Shellbrook	0.87	0.87	0.81	0.82
Spiritwood	0.79	0.79	0.82	0.82
Birch Hills	0.81	0.81	0.82	0.79
Kinistino	0.82	0.76	0.76	0.77
Mont St Joseph-Prince Albert	0.77	0.77	0.76	0.77
Herb Bassett Home-Prince Albert	0.77	0.77	0.76	0.76
Pineview Terrace-Prince Albert	0.73	0.74	0.73	0.77
subtotal	**9.72**	**9.65**	**9.49**	**9.56**
average	**0.81**	**0.804**	**0.79**	**0.796**

Prairie North	1st Q	2nd Q	3rd Q	4th Q
The Battlefords DCC	0.82	0.85	0.85	0.86
Edam	0.64	0.72	0.68	0.71

Extendicare-Saskatoon	0.79	0.81	0.8	0.79
Lutheran-Saskatoon	0.81	0.79	0.8	0.8
Oliver Lodge-Saskatoon	0.84	0.81	0.84	0.84
Parkridge-Saskatoon	0.93	0.94	0.94	0.96
Porteous-Saskatoon	0.85	0.82	0.81	0.82
Saskatoon-Convalescent	0.83	0.8	0.8	0.82
Sherbrooke-Saskatoon	0.92	0.92	0.93	0.95
Sherbrooke Vets-Saskatoon	0.81	0.82	0.79	0.86
St. Ann's-Saskatoon	0.78	0.77	0.78	0.77
St. Joseph's-Saskatoon	0.74	0.73	0.73	0.73
Stensrud Lodge-Saskatoon	0.76	0.76	0.79	0.81
Sunnyside-Saskatoon	0.74	0.76	0.78	0.77
Warman	0.78	0.81	0.81	0.8
subtotal	**22.29**	**22.87**	**23.03**	**24.21**
average	**0.796**	**0.7886**	**0.793**	**0.807**
Heartland	**1st Q**	**2nd Q**	**3rd Q**	**4th Q**
Biggar	0.81	0.78	0.76	0.77
Macklin	0.77	0.73	0.77	0.78
Unity	0.69	0.73	0.74	0.71
Wilkie	0.77	0.77	0.71	0.75
Davidson	0.73	0.73	0.75	0.83
Dinsmore	0.88	0.81	0.77	0.77
Elrose	0.77	0.81	0.83	0.77
Kyle	0.79	0.8	0.76	0.8
Lucky Lake	0.75	0.82	0.75	0.67
Outlook	0.71	0.73	0.73	0.75
Rosetown-Nursing Wing	0.8	0.77	0.73	0.73
Rosetown-Lodge	0.74	0.75	0.77	0.77
Eston	0.81	0.73	0.76	0.78
Kerrobert	0.72	0.74	0.72	0.71
Kindersley	0.76	0.75	0.75	0.72
subtotal	**11.5**	**11.45**	**11.3**	**11.31**
average	**0.766**	**0.763**	**0.753**	**0.754**

Villa Pascal-North Battleford	0.86	0.85	0.83	0.83
River Heights Lodge - North Battleford	0.8	0.85	0.82	0.83
Lloydminster	0.87	0.86	0.88	0.89
Goodsoil	0.72	0.72	0.73	0.71
Loon Lake	0.73	0.71	0.74	0.71
Meadow Lake	0.84	0.79	0.8	0.83
Cut Knife	0.74	0.77	0.76	0.76
Maidstone	0.67	0.67	0.69	0.74
St. Walburg	0.77	0.76	0.75	0.78
Turtleford	0.65	0.72	0.7	0.69
subtotal	**9.11**	**9.27**	**9.23**	**9.34**
average	**0.759**	**0.772**	**0.769**	**0.778**
Kelsey Trail	**1st Q**	**2nd Q**	**3rd Q**	**4th Q**
Melfort	0.94	0.94	0.79	0.8
St. Brieux	0.72	0.72	0.73	0.7
Arborfield	0.84	0.81	0.85	0.8
Carrot River	0.78	0.77	0.78	0.86
Nipawin	0.81	0.82	0.83	0.83
Hudson Bay	0.72	0.79	0.82	0.83
Kelvington	0.72	0.71	0.72	0.71
Porcupine Plain	0.8	0.79	0.79	0.82
Newmarket Manor Tisdale	0.81	0.8	0.83	0.81
Sasko Park Lodge - Tisdale	0.8	0.8	0.78	0.77
subtotal	**7.94**	**7.95**	**7.92**	**7.93**
average	**0.794**	**0.795**	**0.792**	**0.793**
Mamawetan Churchill River				
subtotal	**0.74**	**0.73**	**0.71**	**0.77**
Keewatin Yatthe				
subtotal	**0.86**	**0**	**0.79**	**0.8**

Personal Care Home Program

Definition of Personal Care Home:

The Personal Care Homes Act is "catch all" legislation. Where a caregiver is providing accommodation, meals and assistance or supervision with personal care to an adult who is not their relative, and if the arrangement is not licensed under some other legislation, the arrangement must be licensed under *The Personal Care Homes Act*.**Definition of Personal Care:**
Personal care means direct assistance to, or supervision of, a resident in performing activities of daily living. Such activities include eating, bathing, dressing, grooming, taking medications, and participating in social and recreational activity, which is meaningful to the resident.

Legislation and Standards:

Personal care home licensees must operate in accordance with:

- *The Personal Care Homes Act*;
- *The Personal Care Homes Regulation; and*
- The Licensee's Handbook.

Characteristics of Personal Care Homes

Personal care homes:

- provide another care option;
- are privately owned and operated;
- must be licensed;
- are not publicly funded or subsidized; and
- determine the fee for their service and are responsible for attracting their own clients.

The Personal Care Homes Program – Role of Saskatchewan Health

To ensure personal care home residents receive safe and adequate care, staff of the personal care home program:

- provide information regarding the personal care homes program;
- assist with the personal care home licensing process / relicensing process;
- monitor personal care homes through the regular review of their operations;
- follow-up complaints about personal care homes;
- research and develop standards for personal care homes; and
- provide coaching and training to current and prospective personal care home licensees.

Issues:

Some individuals, who have a limited pension income or who receive assistance, have indicated that they find it difficult to access some personal care homes.

Personal care home licensees have indicated that the level of care of individuals seeking admission to personal care homes has been increasing over the last few years.

Some licensees have been requested to admit residents with needs greater than what the staff have been trained to manage. Some licensees have expressed concern, as this can impact their ability to provide safe and adequate care.

Improvements:

- Personal care home staff continue to provide monthly 1-½ day orientations to new and existing licensees. The orientation provides information about: business planning, licensing process, building requirements, fire safety, staffing, Resident Rights and Privileges, admissions and discharges, recreation, resident records, assisting residents with medication, menu planning etc.

- St. John Ambulance and Saskatchewan Health have worked together to develop a course for personal care home workers that is financially and geographically accessible across the province. This course is a requirement for all personal care home staff who provide or supervise care. The 16 hour course covers the following topics: the aging process, body mechanics, preventing illness / injury with elderly persons, observation skills, basic personal care, nutrition, recreational activities, common conditions of the elderly, medications, and care planning.

Accessibility

- Ability of clients/patients to obtain care/service at the right place and right time, based on need.

Accessibility Indicator 1 – Personal Care Home Bed Ratios and Vacancy Rates

RHA	Pop. Age 75+ (June 2005)	PCH Beds at (May 10/06)	PCH Bed Ratio (Beds Per 1,000 Pop Age 75+)	PCH Homes (at May 10/06)	Vacancy Rates (at April 04/06)
SUN COUNTRY	5,225	228	43.6	11	6.1%
FIVE HILLS	5,734	365	63.7	12	18.9%
CYPRESS	4,403	87	19.8	5	28.7%
REGINA QU'APPELLE	16,987	769	45.3	90	13.9%
SUNRISE	7,016	159	22.7	11	0.0%
SASKATOON	19,688	868	44.1	95	15.4%
HEARTLAND	4,495	70	15.6	8	0.0%
KELSEY TRAIL	4,282	55	12.8	5	8.9%
PA PARKLAND	5,177	349	67.4	37	16.9%
PRAIRIE NORTH	4,030	36	8.9	7	19.4%
PROV. TOTALS	77,037	2,986	38.8	281	13.9%

The vacancy rates reflect the admission and discharge forms completed by the personal care home licensees and submitted to Saskatchewan Health.

Since the department began licensing personal care homes in 1991, there has been a 100% increase in the number of personal care home beds, and a 30% increase in the number of personal care homes (as of May 2006).

Since the legislation was amended in 2002 to allow the licensing of large personal care homes (i.e. over 40 beds), there has been a 21% increase in the number of personal care home beds and a 3% increase in the number of personal care homes (as of May 2006).